

RELAXATION THERAPY AND MINDFULNESS
MEDITATION ONE-DAY WORKSHOP FOR
NEPHROLOGY SOCIAL WORKERS: EXPLORING THE
IMPACT OF THIS TRAINING ON PROFESSIONAL PRACTICE

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Relaxation Therapy and Mindfulness Meditation One- Day Workshop for Nephrology

Social Workers: Exploring the Impact of This Training on Professional Practice

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Abstract

Relaxation therapy techniques and mindfulness meditation are clinical intervention tools that have demonstrated benefits associated with reduction of physical and emotional suffering. These practices are well supported in the literature and are considered to be evidence-based interventions. Many mind-body therapeutic training workshops are offered in a one-day format; however, there is a gap in the literature examining the direct impact of learning relaxation therapy and mindfulness meditation specific to nephrology social work practitioners, and how, if at all, learning these techniques might assist a practitioner in his/her work. A study was undertaken to examine the influence of a one-day educational workshop on relaxation therapy and mindfulness meditation on nephrology social worker's professional practice. Eight members of the Canadian Association of Nephrology Social Workers with limited previous exposure to mind-body therapeutic approaches took part in the project and were interviewed. Telephone and Skype participant interviews occurred following the workshop on three separate occasions over a period of four months. The key findings from this study suggest that (1) the workshop had an impact on professional practice, (2) the workshop had an impact on self care, and (3) amid obstacles to implementation, nephrology social workers wanted to expand their current scope of practice to include relaxation therapy and mindfulness meditation with their clients.

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Introduction

Kidney disease describes a variety of diseases and disorders that affect the kidneys, usually starting slowly and progressing over a number of years. Chronic Kidney Disease (CKD) is the presence of kidney damage, or a decreased level of kidney function, for a period of three months or more (Kidney Foundation of Canada) and often requires psychosocial intervention in addition to medical care. The effects of kidney failure and dialysis treatment are experienced amongst patients, family members, caregivers and nephrology staff. Dialysis treatment is unique as patients and families spend countless hours together with staff over durations of many hours several times a week for many years. It is easy to understand how the frequency of treatments, dependence on staff, and the close nature of the treatment impacts the entire circle of care.

End Stage Renal Disease (ESRD) necessitates the requirement for ongoing hemodialysis treatment as a life sustaining treatment. This treatment occurs thrice weekly at the hospital and is designed to remove excess fluid and filter the blood of toxins as the patients' kidneys can no longer perform these functions. Dialysis patients require this treatment for the duration of their lives, unless they are candidates for kidney transplant, and even then it is expected that the new kidney will eventually fail thrusting them back to the drudgery of dialysis. All members of the circle of care struggle with the manifestations, conflicts, and suffering that this illness evokes.

Working with people with ESRD can be difficult. Nephrology social workers are frequently exposed to patients that are frightened, suffering and dying and are therefore vulnerable to cumulative distress. "This accumulation of work related distress facilitates a quest for health care workers to examine a deeper meaning of pain and suffering in their lives as well as in others, and repeated traumatisation makes us vulnerable to burnout and vicarious trauma" (Schure, Christopher, & Christopher, 2008, p.47). This unrelinquishing stress has negative ramifications

for health care professionals often illustrated with increased incidence of depression, decreased job satisfaction, disrupted personal relationships, psychological distress, and self harm. Stress negatively affects the health care professional's ability to concentrate. Stress also hampers sound decision-making and deters from healthy professional collegial relationships. Untamed stress disrupts patient/staff therapeutic relationships as health care professionals become devoid of empathy, awareness, objectivity and compassion (Shapiro, Astin, Bishop, & Cordova, 2005). Segal et al. (2007) suggested, that this constant influx of stress on health care professionals often contributes to burnout, exhibited by decreased attention, reduced concentration, compromised decision making skills and suboptimal relationships with patients.

This study examines how, if at all, learning mindfulness and relaxation therapy techniques in a one-day workshop format might assist the nephrology social worker. In this Introduction I will discuss next (1) my motivations for the study, (2) the focus of the research, (3) the research question, (4) why this research is important, and (5) the structure of the thesis.

Motivations for the Study

Nephrology psychosocial therapeutic involvement follows the patient throughout the disease trajectory from pre-renal insufficiency (prior to the initiation of dialysis) to post transplant and in many cases when the transplanted kidney fails. As a nephrology social worker for 13 years, I have provided frontline counselling and support to patients and families affected by chronic kidney disease. In my professional practice I employ mind-body interventions that include relaxation, visualization, autogenics, progressive muscle relaxation, guided imagery and mindfulness meditation as therapeutic interventions across the nephrology patient trajectory. In my experience, I have found that these interventions appear to be beneficial for patients, caregivers and nephrology health team members based on direct patient feedback, observation,

and survey results (Petingola, 2010). I have come to realize that both relaxation methods and mindfulness are distinct yet equally significant therapeutic modalities that may benefit the entire nephrology circle of care (Turk, Swanson, & Tunks, 2008).

Importantly, my own experiences are reflected in the current burgeoning literature in this field. Many researchers are finding that mindfulness-based practices and relaxation exercises have benefits for a wide variety of people and problems. I was interested in learning more about how relaxation therapy and mindfulness meditation could help nephrology patients and become invaluable tools to assist nephrology social workers with the toil of their everyday frontline practice.

Focus of This Research

This study examined the experiences of nephrology social workers who participated in a one-day workshop on relaxation therapy and mindfulness meditation as part the Canadian Association of Nephrology Social Workers 33rd Annual Conference. This occurred on October 1, 2011, in Halifax, Nova Scotia. Nine conference delegates who attended a conference workshop on relaxation therapy and mindfulness meditation indicated an interest in participating in this study; however, one nephrology social worker withdrew prior to the consent forms being completed and the study commencing. Eight members of the Canadian Association of Nephrology Social Workers (CANSW), seven nephrology social workers and one associate CANSW member, all of whom attended the conference workshop, were successfully recruited for this study.

The purpose of the study was to explore if and how this full-day workshop for nephrology social workers influenced professional practices. I conducted three separate interviews with each

participant over a four-month period following the conference. Twenty-four interviews provided the data for this research. Findings are discussed in the data analysis section.

Research question

The research question for this study was "What influence, if any, has this one-day workshop on relaxation therapy and mindfulness meditation had on the nephrology social workers' professional practices?" Other areas of inquiry focused on participant motivation for attending the workshop; changes in practice as a result of the workshop; changes in confidence in using skills derived from the workshop; challenges and obstacles in implementing relaxation therapy and mindfulness meditation in professional practice; and any secondary benefits derived from attending the workshop.

Why This Research is Important

This qualitative study explored if a one-day educational workshop on relaxation therapy and mindfulness meditation for nephrology social workers had an influence on the participants' professional practices. Although mindfulness-based training workshops are offered in a one-day format there is little literature that explores the benefits of this type of training. As will be illustrated in the literature review, there is a gap examining the direct impact of relaxation therapy and mindfulness meditation specific to nephrology social workers and how, if at all, learning mindfulness and relaxation therapy techniques might assist a practitioner in their work. My hope is that this study will provide nephrology social workers with more information regarding the benefits of relaxation therapy and mindfulness meditation to professional practice. It is also my intention that this study impacts the reader, stimulating curiosity, validating efficacy in these mind-body therapies and increasing confidence to explore how these therapeutic modalities might be utilized within their own professional practices. A study of this nature may illuminate the

benefits of relaxation therapy and mindfulness meditation to assist the entire nephrology circle of care.

Structure of the Thesis

Now that I have introduced the topic I will proceed to the Review of the Literature where I will describe the relationship between the mind and the body, the influence that each has on the other, and the importance of acknowledging this and practicing from a holistic framework. I will then define and address the key definitions that will provide the reader with a contextual background necessary to understand relaxation therapy and mindfulness meditation therapeutic modalities. The second chapter, Methodology, will focus on the qualitative approach for this research study, the setting, participant selection, workshop design, recruitment process, sample, procedures, collection of data, the researcher's role, ethical considerations and analysis of data. The third chapter is a presentation of the findings from the study, specifically considering the themes that emerged from the data. In the fourth and final chapter I will summarize research findings, address the strengths and limitations of the study, explore the implications for nephrology social work practice, and suggest possible directions for further research.

A Review of the Literature - Definitions and Key Concepts

This literature review will provide an overview of the existing literature published in academic journals with a specific focus on mindfulness meditation practices and associated benefits, relaxation therapy techniques and associated benefits, and the influence of both modalities for healthcare professionals in helping relationships highlighting their unique relationship to the profession of social work. I could find no scholarly articles that dealt with the research topic specific to nephrology social work. Literature was sought through the Laurentian library database utilizing Academic Search Complete and EBSCO host specific to social work,

sociology, law, psychology and social services. This literature review will begin with an overview of mind-body interventions as both relaxation therapy and mindfulness fall under this umbrella, followed by a detailed description of relaxation techniques and mindfulness meditation definitions and practices.

Mind–Body Interventions

Relaxation therapy and mindfulness meditation fall under the realm of mind-body interventions. The National Center for Complementary and Alternative Medicine summarized that “mind-body practices focus on the interactions among the brain, mind, body, and behaviour with the objective to use the mind to influence physical functioning and promote health” (What Is Complementary and Alternative Medicine, 2011). Carlson and Bultz (2008) suggested that mind-body interventions include all treatments that depict the interaction between the mind and the body. Cassileth and Deng (2004) highlighted that mind-body interventions strive to utilize a reciprocal connection between body and mind to assist patients to relax, reduce stress, and obtain symptom relief.

Geffen (2004, p.95) described the dichotomy between Eastern and Western views of the mind-body relationship:

Western scientific thought regards the body as a machine. Doctors are the “mechanics” and the disease is viewed as a condition that springs from a flaw in the human machinery. In Eastern medical systems, the body can be seen as a garden. Doctors are “gardeners” who seek to discover and heal the roots of disease, planted in the past by a patient’s heredity, food choices, daily activities, environment and ongoing mental process.

Dr. Gabor Mate (2003) in his text *When the Body Says No* reinforced the notion that there is a co-dependent relationship between the body and the mind and that treating stress or illness necessitates a consolidated approach to care:

People have always understood intuitively that the mind and body are not separable.

Modernity has brought with it an unfortunate dissociation, a split between what we know with our whole being and what our thinking mind accepts as truth. Of these two kinds of knowledge the latter, narrower, kind most often wins out, to our loss (note to reader section, para. 1).

Bertisch, Wee, Phillips, and McCarthy (2009) adapted the National Center for Complementary and Alternative Medicine definition of mind-body medicine which incorporates a wide range of healing modalities such as meditation, yoga, deep-breathing exercises, guided imagery, hypnotherapy, progressive relaxation, acupuncture and tai chi that all share a collective purpose aimed at enhancing the mind's capacity to affect bodily functions and symptoms.

Gordon (2008, p.684) suggested:

Mind-body approaches to healing are based on the understanding that our thoughts and feelings, our beliefs and attitude, can affect and shape every aspect of our biologic functioning. Mind-body approaches also recognize that everything we do with our physical body- what we eat and how we stand, the ways we stretch our muscles and the tension that constricts them- can modify mental, psychological, and physical functioning. Finally, mind-body approaches are based on the understanding that the mind and body are, in fact, inseparable, and that the central and peripheral nervous system, the endocrine and immune systems, all the organs of the body, and all the emotional responses we have share a common chemical language and are constantly communicating with one another.

In this section, I have introduced an overview of mind-body interventions. I will now follow this with a focus on mindfulness and relaxation therapy.

Mindfulness

Derived from Buddhist roots, mindfulness is achieved through the practice of employing meditation as a mechanism pivotal to enhanced awareness and acceptance of the present moment (Bishop, 2004). The Buddhist belief is that in order to become enlightened one must have wisdom to recognize that there is suffering; there is a cause of suffering; and there is an end to suffering. The Four Noble Truths of Buddhism suggest that the practice of mindfulness helps one to be in the moment, devoid of desires, judgment, criticism and worry. Essentially Buddhists believe that the practice of mindfulness facilitates a catharsis that ultimately lessens one's suffering (Gyatso & Ekman, 2008).

Gyatso and Ekman (2008, p.54) suggested that:

In the Buddhist meditation practices, one key method for cultivating this awareness is the development of mindfulness. The second one, which is thought to be more specific to the cultivation of this monitoring, is applying constant awareness to the actual processes of thought, just observing your mind and the thoughts as they arise, and being aware of what arises in the present.

Buddhist belief suggests that we embrace suffering rather than withdraw from it or make attempts to fix or get rid of it, which is typical of the Western medical model. Mindfulness is not a distraction technique but paradoxically strives to assist individuals to be fully aware of their feelings and emotions, to not label them as being right or wrong and in doing so liberates the person to become emotionally intelligent and more reflexive than reactive. If one is experiencing

pain the individual accepts the pain and in doing so lessens its power to negatively influence to the person's well being. Sumedho (2011, p.25) summarizes that we must be willing to accept:

The excitement and the boredom, the hope and the despair, the pleasure and the pain, the fascination and the weariness, the beginning and the ending, the birth and the death. We are willing to accept the whole of it in the mind rather than absorb into just pleasant and suppress the unpleasant.

Mindfulness may be defined as "paying attention in a particular way: on purpose, in the present moment, nonjudgmentally" (Kabat-Zinn, 1994, p. 4). The practice of mindfulness focuses on "being" as opposed to "doing" and "observing one's experience without trying to change" (Shapiro, Brown, & Biegel, 2007, p. 106). Mindfulness helps us wake up from this sleep of automaticity and unconsciousness, thereby making it possible for us to live our lives with access to the full spectrum of our conscious and unconscious possibilities (Lord, 2010). Mindfulness is simply seeing "what is" (Rock, 2006, p.350). Riskin defined mindlessness as "lights on nobody's home" (Riskin, 2004).

Carlson and Speca (2010, p.10) simplified the concept of mindfulness "so mindfulness is simple; pay attention to whatever comes up in the present moment; allow it all to rise and fall of its own accord, without trying to change anything; and be with things as they are." This essentially requires that the individual who practices mindfulness meditation will simply acknowledge and accept the present moment even if that moment is defined by pain, sadness or other feelings that challenge the human condition. Kabat-Zinn (1990, p.6) refers to this as being able to accept the whole that life gives youthe art of embracing "the full catastrophe."

Mindfulness meditation reframes the experience of the discomfort. Attention and awareness of discomfort or suffering is another part of human experience; rather than to be avoided, it is to be

experienced and explored (Turk, Swanson, & Tunks, 2008). Caudill (2002, p.47) illustrates the concept of mindfulness and pain paradox:

Simply observe the pain and the feelings you may have, such as fear or anger, without running away from those feelings or sensations. And say to yourself, "oh yes, that's my pain and that's my anger". By staying focused on the pain you begin to realize how much fighting your pain or avoiding those feelings contribute to your feeling powerless.

Mindfulness facilitates a "fuller awareness" that promotes more "flexible, adaptive responses to events, and helps to minimize automatic, habitual, or impulsive reactions" (Bishop, 2004, p. 230). It is argued that the ability to do this helps us to be more patient and less reactive. Gyatso and Ekman (2008) term this as being more "emotionally aware." Emotional intelligence is a concept that refers to being in sync with our emotional existence. Emotional intelligence is derived from increased awareness and equips us with more skill to handle emotional challenges, to be more responsive to the struggles of others and to have more compassion (Gyatso & Ekman, 2008, p.1). Baer (2006, p.363) described these phenomena as follows:

A large part of mindfulness training is geared toward changing a stress reaction into a stress response, in which emotional arousal is effectively managed. Emotional arousal decreases present-moment awareness, and inhibits the ability to see the whole context of the situation and the options available.

Schmidt (2004) suggested that mindfulness fosters compassion and this in turn connects the suffering of the patient with the health care provider's suffering and that this emotional connection creates a healing synergy. Mindfulness may be viewed as being a cornerstone for increased self-awareness, greater insight, wisdom, enhanced compassion, connectivity and equanimity (Baer, 2006).

The term mindfulness can be nebulous to a person who has not practiced or experienced mindfulness. Bell (2009, p.128) used the analogy of "trying to explain the Zen of a meditation experience as being similar to trying to explain color to someone who is color blind." This lack of a clear definition of mindfulness and consistency across studies has been detrimental to completing scientific research that is efficacious and validated. Bishop et al. (2004) suggested that failure to have a consistent working definition of mindfulness negates the credibility of investigations and hampers development of measurable tools. Thus, several researchers have worked to develop an operational definition of mindfulness. For example, Bishop et al. (2004, p.232) suggested the following operational definition of mindfulness:

We propose a two-component model of mindfulness. The first component involves the self-regulation of attention so that it is maintained on immediate experience, thereby allowing for increased recognition of mental events in the present moment. The second component involves adopting a particular orientation toward one's experiences in the present moment, an orientation that is characterized by curiosity, openness, and acceptance (p. 232).

Not everyone agrees that mindfulness can be operationally defined. Another school of thought is that the sheer ambiguity and complexity of mindfulness negates the possibility of actually defining or operationalizing the concept. Hick (2009) argued that since the mindful experience is so individual that it may be impossible to neither capture it in words nor accurately measure it, contrary to the positivist attempts to do so. Hick further argued that attempts to do so would be contradictory to a core concept in mindfulness of simply being without judgement.

Gause and Coholic (2010) reinforced this notion contending that the practice of mindfulness in a traditional context invokes a synergy that is extraordinary and immeasurable and that attempts to do so are counterproductive to the Buddhist traditional belief of non-striving. Gause and Coholic

also point out that mindfulness is taught by people with diverse backgrounds therefore the interpretation of what mindfulness is will be equally subjective and diverse. Rinpoche (2009, p.127) suggested that "Nonjudgmental observation is the basis of meditation, at least in terms of the Buddhist tradition. Many cultures, of course, have developed their own specific forms of meditation practice, each uniquely suited to the cultural environment from which they emerged."

Additionally, the profession of social work is engaging with mindfulness in a unique way that differentiates it from other behavioural sciences. Hick (2009) reinforced that the profession of social work implements mindfulness in keeping with the traditional Buddhist teachings, toward the greater good of society. This necessitates looking at person in environment, which means applying mindfulness system-wide as a proponent for justice and as a social activist to facilitate change. Social work recognizes an interconnectedness that may be referred to as a "link", "kinship", and "wholeness". This interconnectedness encourages the social work profession to reach out rather than ignore:

And seeing suffering in others-though you do not experience suffering yourself-creates the feeling of personal unbearably. We are one family of human beings, so a person must take concern about the well being of everyone in society (Gyatso and Ekman, 2008, p. 196).

First, there was this perception of shared humanity. "There is no concept of an in-group or an out-group. We are all one group." All people have value (Gyatso and Ekman, 2008, p. 199).

This theme of being interconnected reinforces or supports the instinctive desire for social workers to search for a deeper meaning of pain and suffering in their lives as well as in others. Awareness derived from mindfulness meditation can be a powerful equalizer.

Now that I have clarified the concept of mindfulness I will briefly discuss how mindfulness meditation is taught, used, and researched.

Mindfulness Interventions

Jon Kabat-Zinn and Saki Santorelli are two Western practitioners who sought to operationalize mindfulness as a targeted intervention that would be helpful for patients affected with chronic pain who might not be interesting in subscribing to traditional Buddhist terminology and traditions but who might benefit from many of the key concepts (Baer, 2006). In doing so they laid the foundation for researchers and clinicians to explore a variety of interventions designed to teach mindfulness and created the Mindfulness Based Stress Reduction (MBSR) program at the University of Massachusetts Center for Mindfulness. Kabat-Zinn and his colleagues successfully integrated mindfulness into conventional medicine and healthcare and it is now used widely to help treat chronic pain as well as a whole host of ailments. MBSR generally runs the duration of 8 weeks and incorporates formal practice of hatha yoga, body scan, walking meditation and sitting meditation with informal practice (Baer, 2006). It should be noted that I participated in a 5-day and 7-day professional training program under the direction of Jon Kabat-Zinn and Saki Santorelli and brought many of these concepts to the one-day workshop in Halifax. The MBSR program falls under the realm of social cognitive theory, focusing on interventions geared towards modification of behaviour. Baer (2006, p.363) summarized:

This theory contains a number of constructs that are important for understanding human behaviour and how it can be changed. These include reciprocal determinism (in which there is a dynamic interplay between the environment and the person's cognitions and behaviours), the importance of the person's perception of the environment, behavioural capability (an index of the person's knowledge and skill to perform a given behaviour),

anticipated outcomes of behaviour and the value a person places on the outcome, self-control, observational learning, reinforcement, self-efficacy, and emotional coping responses (p. 363).

Mindfulness-based cognitive therapy (MBCT) is more of a prophylactic intervention that merges key concepts of mindfulness practice with cognitive behavioral therapy primarily used for depression relapse. MBCT is similar to MBSR as it too incorporates meditation and yoga but a key difference is that it also teaches participants preventative information and helps them to understand the links between thinking and feeling. MBCT was developed by Zindel Segal, Mark Williams and John Teasdale (Baer, 2006; Bishop et al., 2004).

Briefly, dialectical behavior therapy (DBT) is a treatment intervention initially intended to treat borderline personality disorder. It blends key concepts of MBSR and MBCT but emphasizes recognition and alteration of damaging thoughts, emotions and behavior. DBT helps patients have a clearer understanding of reality so that they can learn to respond appropriately (Baer, 2006). Lastly, acceptance and commitment therapy (ACT) strives to reduce potentially harmful thoughts and feelings by adopting a nonjudgmental approach to thoughts that fosters acceptance of the moment. ACT is not meditation-based like MBSR and MBCT (Baer, 2006; Hick, 2009).

Social workers are using many of these mindfulness interventions successfully in their frontline practice in health care. Psychosocial Oncology in particular has made strides in measuring patient distress and utilizing mind-body interventions that include many of the aforementioned mindfulness interventions (Carlson & Bultz, 2008; Shennan, Payne & Fenlon, 2010; Gordon, 2008; Luebbert, Dahme & Hasenbring, 2001). Nephrology closely parallels the area of oncology in many aspects as both populations endure invasive life sustaining treatment, survivorship and fear of relapse. Although nephrology social work as a specialty is just beginning

to explore mind-body interventions with patients the time is ripe for more development in this area. We are on the cusp of a major paradigm shift in treating illness and it is exciting to see this emergence. The shift has been brought on by heightened consumer demand, patient frustration and conventional Western influenced medicine's inability to fix and promote healing. We are now witnessing the emergence of complementary medicine becoming more prevalent in hospital settings, not only addressing the physicality of the body but also embracing a multidimensional approach to care that moves towards treating the whole person care (Geffen, 2004). As a nephrology social worker, I have contributed to facilitating use of mind-body interventions for Chronic Kidney Disease (CKD) patients and families in Canada and the United States by educating nephrology social workers (over 80 trained to date), conducting research in this area, writing on this topic, and presenting at nephrology social work learned conferences.

Mindfulness Practices

Mindfulness is typically taught using formal practice techniques aimed to heighten awareness that will extend into the bearer's everyday life so that one can eat, bath and write mindfully. Carlson and Speca (2010, p.35) described formal and informal mindfulness practice and reinforced that both practices compliment and are co-dependent on each other:

It helps to think of mindfulness in two ways, which we often call "big-M mindfulness" and "little -m mindfulness". The big "M" refers to mindfulness as a way of being in the world that spans all that you do every moment of your life; you can be mindful or not. It's not specific to any activity or situation. In contrast, little-m mindfulness refers to purposefully setting aside a chunk of time in your day to practice being mindful, just as you would practice the piano if you wished to learn that new skill. Mindfulness is a skill that you learn only through repeated doing. Essentially you practice little-m mindfulness to make it

possible to be more mindful in the world (the big “M”). It’s virtually impossible to achieve big-M mindfulness without a very strong and regular practice.

Mindfulness is typically taught using practice techniques that include sitting meditation, hatha yoga, walking meditation and body scan exercises. Carlson and Speca (2010) suggested that many people view sitting meditation as the heart of formal practice often thought of as the gold standard means in which to achieve mindfulness. Sitting meditation used to achieve mindfulness can be done on a cushion or by sitting on a chair in an upright fashion with both hands resting on the thighs. This practice usually entails placing your mind on the breath, and truly focusing on the moment. It implies acceptance of all feelings and thoughts that emerge and just “letting go.”

Mindfulness walking exercises encourage people to slowly walk paying attention to the breath, heartbeat, and every associated movement that the function of walking necessitates. Carlson and Speca (2010) note that walking mindfully means walking with no agenda, no destination and no expectations. Walking is usually done in a circular or back and forth motion.

Eating mindfully helps to anchor one to be truly cognizant of the entire dining experience, using all senses and aware of the texture, smell, appearance, and taste of every bite. Mindfully eating truly entails the practice of using all of your senses to “be with” the food you are about to eat while being cognizant about its origin and the stories that it speaks to. Additionally mindfulness eating entails an examination of the body’s reaction, both physically and emotionally to what they have or are about to eat (Hick, 2009).

The practice of body scan is usually done by lying on your back or sitting in a chair and sequentially moving the focus of your attention through the different regions of the body noticing

sensations as they arise. Body scan invites participants to simply notice any sensations in the body with openness and curiosity (Baer, 1990).

Loving kindness is a practice that allows us to practice metta. Salzberg (1997) suggests that practicing metta allows us to practice gentleness towards self and to see the basic goodness in all. Carlson and Speca (2010) suggest that loving kindness meditation involves a series of cultivating good wishes to someone you love, someone you have angst with, yourself and eventually outward to all living beings. Sharon Salzberg (1997, p.41) stated,

When we steep our hearts with loving kindness, we are able to sleep easily, to awaken easily, and to have pleasant dreams. To have self-respect in life, to walk through this life with grace and confidence, means having a commitment to non harming and to loving care. If we do not have these things, we can neither rest nor be at peace; we are always fighting against ourselves. The feelings we create by harming are painful both to ourselves and for others. Thus harming leads to guilt, tension, and complexity. But living a clear and simple, free from resentment, fear, and guilt, extends into our sleeping, dreaming, and waking.

Schmidt (2004) described loving kindness as egoless, spontaneous and unconditional. Schmidt summarized that loving kindness is an act of a balanced mind that aims for genuine happiness of the other.

Curry (2000) described walking the labyrinth as a powerful opportunity for contemplative walking meditation and clarified that a labyrinth is distinct from a maze in that it is comprised of a safe passage in and out, and its focus is on healing rather than trickery. Curry further emphasised that the labyrinth journey is comprised of three parts including a pathway into the centre, the centre of the labyrinth itself, and the pathway back out. Walking a labyrinth is done in

a mindful, meditative state that allows one to transcend excess worries, emerging empowered for life's challenges.

The labyrinth is an ancient symbol that works well as a therapeutic tool to encourage mental focus through meditation or prayer, which can be instrumental in releasing mental and physical tension. Many recognize the labyrinth as a metaphor for the path we walk through life, and as an appropriate symbol that creates sacred space for enhancing psychological and spiritual growth. As a therapeutic tool, the labyrinth provides willing clients an opportunity to examine problems, questions, or issues from various perspectives, while also affording time and space for personal reflection before making a decision (Peel, 2004, p. 287).

La Torre (2004, p.121) said that "Walking a labyrinth together, client and therapist, can be a powerful activity as the movement itself around the circular path provides a connection, and can lead to a deeper relationship... We came together again in the center and then walked out slowly, saying very little but feeling a quiet connection."

Baer (2006) suggests that although there are variations in the teaching methods, techniques and duration there are basic core instructions common to mindfulness practices. When one practices mindfulness the person is directed to focus their attention directly on an activity (breathing, walking, and eating) and to observe it. If the mind wanders the individual is assured that this is normal and this is what minds do, that is, think. The participant is then instructed to simply label all discursive thoughts but then to come back to the target of their observation, which is most frequently, the breath. If the body reacts while meditating the participant is instructed to take notice but to not to necessarily act on the pain, itch, and desire to shift positions, et cetera. When thoughts arise the bearer is instructed to simply label the thoughts with a word like "thinking". They are to avoid falling into the reactive pattern of judging, evaluation

or self criticism. There is no requirement to quash those thoughts and feelings that emerge but rather a curiosity and freedom of briefly noting them and allowing them to come and go (Baer, 2006). "Rather than evaluating our cognitive and emotional experiences, mindfulness teaches us to simply notice them" (Allen et al., 2006, p.288).

Physical and Psychological Benefits of Mindfulness

Research to date confirms the benefits of mindfulness meditation training for the client population with regards to amelioration of illness symptomatology. There is no specific research reported to date to support mindfulness for CKD that I am aware of although there is support to substantiate mindfulness post-kidney transplantation. Gross et al. (2004) validated successful use of mindfulness to reduce symptoms of depression, anxiety, and sleep disturbance post-transplant. Following a MBSR 8-week program, participants demonstrated improvements in all areas. CKD is often a secondary complication to co-morbidities that include hypertension, diabetes, compromised cardiac health, trauma and advanced age. There is ever-increasing scientific evidence to support the efficacy of mindfulness meditation to treat co-morbid medical conditions associated with CKD including chronic pain (Zeidan et al., 2011), rheumatoid arthritis (Zangi et al., 2011), type 2 diabetes (Gregg, Callaghan, Hayes & Glenn-Lawson, 2007), and chronic diseases that include both multiple chemical sensitivity and cardiovascular diagnoses (Merkes, 2010). Furthermore there is a wealth of mounting scientific evidence to support the therapeutic effect of mindfulness meditation on medical conditions, including improvement of IBS (irritable bowel syndrome), related quality of life and GI (gastro-intestinal), specific anxiety (Kearney, McDermott, Martinez, and Simpson, 2011), fibromyalgia (Grossman et al., 2007), chronic low back pain (Morone, Greco and Weiner, 2008), attention-deficit hyperactivity disorder (Smalley et al., 2009), and myalgic encephalomyelitis/chronic fatigue syndrome (Dayes, 2011).

As well it has been suggested that mindfulness may be beneficial for a number of psychological stress related conditions that often unfavourably affect patient quality of life. Garland (2007) summarized that mindfulness might assist with the prevention of stress-related illness through a number of psychological, biological and behavioral pathways. He suggested that mindfulness facilitates heightened clarity and insight, a more comprehensive understanding of stressor demands as well as alternate coping strategies to catastrophizing and ruminating, which are all favourable to enhanced adaptive coping. Bränström, Kvillemo, Brandberg, and Moskowitz (2010) found that mindfulness assisted in the psychological well-being in a stress reduction intervention for cancer patients. Vøllestad, Sivertsen, and Nielsen (2011) concluded that MBSR is an effective treatment for anxiety disorders and related symptomatology. Segal et al. (2010) has recently demonstrated that MBSR is valuable at deterring depressive episode relapse. Additionally Bonadonna (2003) suggested that mindfulness has been proven to be an effective practice towards the amelioration of many physical and emotional challenges including diminished anxiety, pain, and depression, enhanced mood and self-esteem, and decreased stress.

Most recent research has begun to examine the actual effect of mindfulness mediation on the structure and understanding of the brain and this is a very exciting uncharted frontier for researchers. Hölzel et.al. (2011) suggested that mindfulness is associated with changes in gray matter concentration in brain regions involved in learning and memory processes, emotion regulation, self-referential processing, and perspective taking. Hasenkamp and Barsalou (2012) examined the effect of the meditation experience on brain networks underlying cognitive actions employed during mindfulness practice. Westbrook et al. (2011) reported that mindful attention helped to reduce neural and self-reported cue-induced craving in smokers and might assist with smoking cessation and other addictive behaviors.

In summary, the literature that I have reviewed in this section has suggested that mindfulness may be a valid treatment option for many physiological and psychological health challenges because it helps people to be more insightful, less reactive, less judgemental and more tolerant.

Mindfulness Practices

Mindfulness is typically taught using formal practice techniques aimed to heighten awareness that will extend into the bearer's everyday life so that one can eat, bath and write mindfully. Carlson and Speca (2010, p.35) described formal and informal mindfulness practice and reinforced that both practices compliment and are co-dependent on each other:

It helps to think of mindfulness in two ways, which we often call "big-M mindfulness" and "little -m mindfulness". The big "M" refers to mindfulness as a way of being in the world that spans all that you do every moment of your life; you can be mindful or not. It's not specific to any activity or situation. In contrast, little-m mindfulness refers to purposefully setting aside a chunk of time in your day to practice being mindful, just as you would practice the piano if you wished to learn that new skill. Mindfulness is a skill that you learn only through repeated doing. Essentially you practice little-m mindfulness to make it possible to be more mindful in the world (the big "M"). It's virtually impossible to achieve big-M mindfulness without a very strong and regular practice.

Mindfulness is typically taught using practice techniques that include sitting meditation, hatha yoga, walking meditation and body scan exercises. Carlson and Speca (2010) suggested that many people view sitting meditation as the heart of formal practice often thought of as the gold standard means in which to achieve mindfulness. Sitting meditation used to achieve mindfulness can be done on a cushion or by sitting on a chair in an upright fashion with both

hands resting on the thighs. This practice usually entails placing your mind on the breath, and truly focusing on the moment. It implies acceptance of all feelings and thoughts that emerge and just "letting go."

Mindfulness walking exercises encourage people to slowly walk paying attention to the breath, heartbeat, and every associated movement that the function of walking necessitates. Carlson and Speca (2010) note that walking mindfully means walking with no agenda, no destination and no expectations. Walking is usually done in a circular or back and forth motion.

Eating mindfully helps to anchor one to be truly cognizant of the entire dining experience, using all senses and aware of the texture, smell, appearance, and taste of every bite. Mindfully eating truly entails the practice of using all of your senses to "be with" the food you are about to eat while being cognizant about its origin and the stories that it speaks to. Additionally mindfulness eating entails an examination of the body's reaction, both physically and emotionally to what they have or are about to eat (Hick, 2009).

The practice of body scan is usually done by lying on your back or sitting in a chair and sequentially moving the focus of your attention through the different regions of the body noticing sensations as they arise. Body scan invites participants to simply notice any sensations in the body with openness and curiosity (Baer, 1990).

Loving kindness is a practice that allows us to practice metta. Salzberg (1997) suggests that practicing metta allows us to practice gentleness towards self and to see the basic goodness in all. Carlson & Speca (2010) suggest that loving kindness meditation involves a series of cultivating good wishes to someone you love, someone you have angst with, yourself and eventually outward to all living beings. Sharon Salzberg (1997) stated,

When we steep our hearts with loving kindness, we are able to sleep easily, to awaken easily, and to have pleasant dreams. To have self-respect in life, to walk through this life with grace and confidence, means having a commitment to non harming and to loving care. If we do not have these things, we can neither rest nor be at peace; we are always fighting against ourselves. The feelings we create by harming are painful both to ourselves and for others. Thus harming leads to guilt, tension, and complexity. But living a clear and simple, free from resentment, fear, and guilt, extends into our sleeping, dreaming, and waking (p.41).

Schmidt (2004) described loving kindness as egoless, spontaneous and unconditional. Schmidt summarized that loving kindness is an act of a balanced mind that aims for genuine happiness of the other.

Curry (2000) described walking the labyrinth as a powerful opportunity for contemplative walking meditation and clarified that a labyrinth is distinct from a maze in that it is comprised of a safe passage in and out, and its focus is on healing rather than trickery. Curry further emphasised that the labyrinth journey is comprised of three parts including a pathway into the centre, the centre of the labyrinth itself, and the pathway back out. Walking a labyrinth is done in a mindful, meditative state that allows one to transcend excess worries, emerging empowered for life's challenges.

The labyrinth is an ancient symbol that works well as a therapeutic tool to encourage mental focus through meditation or prayer, which can be instrumental in releasing mental and physical tension. Many recognize the labyrinth as a metaphor for the path we walk through life, and as an appropriate symbol that creates sacred space for enhancing psychological and spiritual growth. As a therapeutic tool, the labyrinth provides willing clients an opportunity

to examine problems, questions, or issues from various perspectives, while also affording time and space for personal reflection before making a decision (Peel, 2004, p. 287).

La Torre (2004) said that "Walking a labyrinth together, client and therapist, can be a powerful activity as the movement itself around the circular path provides a connection, and can lead to a deeper relationship" (p. 121). "We came together again in the center and then walked out slowly, saying very little but feeling a quiet connection" (p. 122).

Baer (2006) suggests that although there are variations in the teaching methods, techniques and duration there are basic core instructions common to mindfulness practices. When one practices mindfulness the person is directed to focus their attention directly on an activity (breathing, walking, and eating) and to observe it. If the mind wanders the individual is assured that this is normal and this is what minds do, that is, think. The participant is then instructed to simply label all discursive thoughts but then to come back to the target of their observation, which is most frequently, the breath. If the body reacts while meditating the participant is instructed to take notice but to not to necessarily act on the pain, itch, and desire to shift positions, et cetera. When thoughts arise the bearer is instructed to simply label the thoughts with a word like "thinking". They are to avoid falling into the reactive pattern of judging, evaluation or self criticism. There is no requirement to quash those thoughts and feelings that emerge but rather a curiosity and freedom of briefly noting them and allowing them to come and go (Baer, 2006). "Rather than evaluating our cognitive and emotional experiences, mindfulness teaches us to simply notice them" (Allen et al., 2006, p.288).

Mindfulness and the Health Care Practitioner

Of particular interest to me and the project proposed herein, researchers have also begun to explore how mindfulness-based practices might shape practitioner behaviour and health.

Researchers are expressing interest in how mindfulness meditation is of assistance to the health care professionals who provide front line service to patients on a day-to-day basis. Hence amongst the chaos and the work stress of health care counselling professionals is the hope that mindfulness meditation may foster resilience, clarity and a moment-by-moment appreciation within the therapeutic relationship (Schure, Christopher, & Christopher, 2008).

For instance, Bell (2009) validates the practice of mindfulness meditation as an adjunct requirement for enhanced therapist wellbeing highlighting reciprocal benefits to the client during the psychotherapy encounter. Bell maintains that psychotherapists who practiced mindfulness meditative techniques became more in touch with their essence, more reflective, less judgmental, less reactive, more creative, more compassionate and clearer in their thinking. Further Bell suggests that this enlightenment allows for the psychotherapist to have a more heightened "therapeutic presence" with the client (Bell, 2009, p. 140). Mindfulness meditation enhances awareness and helps the therapist to appreciate and celebrate "interconnectedness" in the therapeutic relationship with enhanced awareness of all senses (Kabat-Zinn, 1994). Hence mindfulness awareness may also promote increased professional fulfillment.

O'Driscoll (2009) reports how numerous qualitative and quantitative research initiatives have demonstrated that health care professionals who are engaged in mindfulness have more enhanced therapeutic interventions with clients. O'Driscoll paints an emerging theme that increased mindfulness practice parallels with positive patient clinical outcomes due to the therapist's enhanced objectivity, comfort with silence in the therapeutic process, and comfort in a sacred space that the therapist and patient share (O'Driscoll, 2009). Both O'Driscoll (2009) and Brown and Ryan (2003) confirmed that counselling psychologists who practice mindfulness

attest to more satisfaction and less rigidity in the therapeutic encounter and more positive outcomes reported by clients.

McCollum and Gehart (2010) examined the effects of mindfulness practice to beginning therapists and conclude that mindfulness meditation is a useful addition to clinical training as it instils a calming effect, heightens therapeutic presence, and enhances compassion. Brenner (2009) confirmed that mindfulness meditation cultivates the therapist's self awareness, fosters a non judgmental response, assists in helping to see the client as they truly are and enhances therapeutic presence.

Shapiro, Brown, and Biegel (2007) examined the concept of mindfulness and its application to assisting front line mental health professionals who are susceptible to increased physical and emotional health difficulties directly attributed to their work environment. In a mixed method study, masters level psychology program students that were in the Stress and Stress Management course that included Mindfulness Based Stress Reduction (MBSR) as a component, fared better than the control group counterparts in all regards and demonstrated reduced stress, reduced negative effect, diminished vulnerability to rumination, and decreased anxiety. Participants also demonstrated increased positive affect and self-compassion.

Chan, Ng, Ho, and Chow (2006, p.822) addressed the ramifications of repeated traumatisation specific to health care workers and promoted the embodiment of a "Mind, Body, Spirit (BMS) Holistic Model of Care to assist both patients and health care workers in today's specialized, compartmentalized and heavily bureaucratic hospital settings". The authors acknowledged the burden that many of today's health care workers carry, repeatedly exposed to patients who are frightened, suffering and dying. This accumulation of work related distress facilitates a quest for health care workers to examine a deeper meaning of pain and suffering in

their lives as well as in others. Their mind-body-spirit approach to care promotes the concepts of appreciation of the moment, immersion of body in movement, acceptance of pain and suffering, appreciation of life as it is intertwined with nature and the ability to be demonstrative of compassion.

O'Donovan and May (2007) sought to validate that the mindful therapist (social workers, psychologists and counsellors) has the advantage of enhanced well-being, job satisfaction, diminished burnout and, as a result, a correlated enhanced patient intervention and better outcomes. They further maintained that both therapist and client benefit when the practitioner has more clarity and an appreciation of the moment in a non-judgmental fashion, and confirmed that a mindful therapist is more compassionate and more present. In a quantitative study of health care professionals Galantino, Baime, Maguire, Szapary, and Farrar (2005) demonstrated that an 8-week program to teach health care workers mindfulness in an effort to combat work stress and burn out improved mood and emotional exhaustion. Schmidt (2004, p.10) summarized:

Applying the ideas derived from the Buddhist mindfulness concept it is possible to add that an emotionally charged relationship can be established if the healer/therapist encounters the patient with his or her full awareness and presence. This means that the therapist is not hiding behind a professional stance, but shows his or her full personality in a genuine human way. Moreover, a therapist or healer who is practicing mindfulness toward his own person is likely to display an unconditionally accepting and compassionate healing intention toward the patient.

In closing this section, Johns (2008, p.37) suggests that:

Mindfulness is fundamental to being a caring practitioner, because it is the root of all skilful action. Buddhadasa Bkikku describes mindfulness as 'reflective awareness; the mind's

ability to recall, know and contemplate itself. It allows us to be aware of what we are about to do. It is characterised by speed and agility.

Mindfulness Meditation and Social Work

When discussing the role of mindfulness in social work, Hick (2009) suggested that the profession of social work utilizes mindfulness at three distinct levels. He firstly conveyed that the social worker utilizes mindfulness for self. In other words the social worker who practices mindfulness meditation benefits as it fosters an inner peace, an appreciation of the moment, enhanced self compassion and self acceptance, clearer insight, diminished stress and enhanced gentleness with oneself as demonstrated through self care. This is similar to the concept of therapeutic presence. O'Driscoll (2009) referred to therapeutic presence as a heightened awareness that permeates the therapist-client relationship during the therapeutic encounter directly attributed to the practice of mindfulness. It is suggested that therapists who practice mindfulness have enhanced therapeutic presence allowing for them to listen deeply, experience the fullness of the client's experience, and share a sacred space. Wisniewski (2008) emphasized that mindfulness is vital to effective social work practice as it allows the therapist the opportunity to truly be attentive to the moment. Wisniewski postulates that this heightened therapeutic presence assists the client to feel more connected, less judged and more akin to the therapist. Likewise "mindfulness prevents the therapist from reacting in scripted, preconceived ways in favour of reserving judgment and reaction so that the patient, ultimately, feels more freedom to govern their own actions" (Wisniewski, 2008, p. 18).

Related to this, Hick defined what he refers to as micro-practice influence. He cites the practice of mindfulness meditation as being instrumental in contributing to enhanced client engagement and presence demonstrated by attentiveness to the moment, enhanced listening and

being with, more objectivity, and enhances compassion and empathy. Hick also suggested that a social worker who engages in mindfulness practice is more in touch with the greater community, more open minded, attentive to process and a strong advocate who has more awareness of societal issues and feels a connectedness to others more likely to foster social change.

Relaxation Therapy

The definition of Relaxation Therapy includes induction techniques which are targeted to induce a relaxed physical and mental state in the patient usually obtained by the implementation of deep breathing, progressive muscle relaxation with or without guided imagery/visualization, hypnosis, and autogenic training (Luebbert, Dahme, & Hasenbring, 2001). Relaxation therapy techniques can be effectively used as a complementary therapy with conventional medicine towards the amelioration of anxiety, sleep disturbance, fear, and pain (Barnes, Bloom, & Nahin, 2008). Relaxation Therapy and Cognitive Behavioural Therapy (CBT) attempt to alter patterns of negative thought and dysfunctional attitudes in order to cultivate more healthy and adaptive thoughts, emotions, and actions. Relaxation techniques are frequently included as a behavioural component in CBT programs (Integration of Behavioural and Relaxation, 1996). Relaxation therapy began in 1934 when Edmund Jacobson developed a physiological means of reducing anxiety and tension through systematic tensing and releasing various muscle groups assisting the client to achieve a state of deep relaxation (Bernstein & Borkovec, 1973). Barnes, Bloom and Nahin (2007) defined relaxation therapy as a complementary therapy under the framework of mind body intervention and that when used together with conventional medicine, can be helpful with the amelioration of anxiety, sleep disturbance, fear, and pain. Jain et al. (2007) clarified that although there are many variances in approaches that relaxation therapy instills a direct intention to invoke change. The intention of relaxation therapy is to use specific exercises or imagery

techniques to help the participant to relax. This is directly the opposite to mindfulness practice that facilitates a nonjudgmental awareness observing one's experience without trying to change it, for instance, just noticing the tension of a muscle without attempting to alter it; just noticing a thought as it arises as opposed to trying actively to modify it.

Allen et al. (2006, p.286) differentiated the practice of relaxation therapy from mindfulness meditation:

Mindfulness is not primarily a goal-directed activity despite the fact that the practice does not have its secondary effects. For example, although mindfulness may bring about relaxation, it is not primarily a "relaxation exercise" in that bringing non-judgmental awareness to the state of body and mind is the practice without any expectation of results, no matter how desirable those results might be.

Turk, Swanson and Tunks (2008) highlighted that there is a broad spectrum of approaches available to assist the client and that the exposure of many different techniques is conducive to an informed decision as to which one is best suited to individual needs. No one method is more efficacious and no one technique is effective for all people all of the time. In fact knowledge of a wide array of different methods may be the best approach in arming the patient.

Gordon (2008) suggested that when implementing any of the mind-body interventions with patients that it is imperative that the therapist assess the needs of the individual firstly, highlighting the benefits and consequences of the proposed action to the patient and then respecting the patient's preference, based on a firm understanding. Gordon also emphasized that in order to truly understand and practice any of these techniques with patients that it is prudent for the therapist to have experienced and made use of these techniques themselves. Knowing and then experiencing these techniques authenticates the therapist as someone who truly understands

the practice being recommended, and I would argue validates their expertise and instills patient trust.

Relaxation therapy is designed to invoke the "relaxation response". Stephen and Smith (2003) suggested that once a patient learned how to invoke the relaxation response that they could effectively invoke it thereafter as required in order to achieve a state of mental and physical tranquility. When the body moves from chaos to homeostasis cortisol and blood lactate levels decrease, the heart beat steadies, blood pressure diminishes and lymphocytes increase. This institutes a sense of peace and well-being for the patient.

In summary, although relaxation therapy techniques and mindfulness meditation are distinct and equally significant therapeutic modalities that benefit both the patient and health care professional, they both facilitate the relaxation response.

Relaxation Therapy Techniques

The following section will describe four relaxation therapy techniques, including deep breathing, progressive muscle relaxation, guided imagery and autogenics. Caudill (2002) describes diaphragmatic breathing as focusing on the rise and fall of the breath as one tightens their abdomen and expands their chest with each in-breath. A diaphragmatic breath is a fuller and more complete breath than the chest breath. During this technique one is encouraged to focus on inhaling clean oxygen-filled air while imagining all the tension in your body and mind dissipating with the out breath. Additionally, one might direct the breath into areas of the body where there is tension, pain or tightness and relinquishing with the out breath.

Progressive Muscle Relaxation focuses on sequentially tensing and relaxing individual muscles of the body usually starting from the feet upwards or vice versa. The participant is directed to clench the area tightly, hold it, and then release it. This modality promotes body

awareness and the release of tension in response to anxious thoughts or stressful events (IDEA Health & Fitness Source, 2004). Progressive muscle relaxation has been extensively studied and shown to be effective for improving sleep in persons with insomnia (Ladas, Post-White, & Hawks, 2006). Progressive muscle relaxation assumes that it is possible to learn the difference between tension and relaxation, as one cannot be both relaxed and tense at the same time and that relaxing the body through decreased muscle tension will, in turn decrease mental tension (IDEA Health & Fitness Source, 2004).

Guided imagery can be an effective modality in bolstering one's sense of control and helping individuals to achieve a state of calmness usually achieved through distraction. Turk (2008, p.219) suggested that:

Guided imagery involves the generation of different mental images, evoked either by oneself or with the help of the practitioner. It overlaps with different mental images, evoked either by oneself or with the help of the practitioner. It overlaps with different relaxation techniques and hypnosis. It is often used in conjunction with other treatment interventions such as relaxation and within the context of CBT.

Guided imagery is often used towards achieving a life enhancing goal often with the connotation to heal, promote personal growth, heighten concentration, and alter body chemistry. Guided imagery incorporates all the senses and focuses attention inward. Guided imagery also focuses on a safe place or private sanctuary (IDEA Health & Fitness Source, 2004).

Finally, autogenic training consists of imagining a peaceful environment and comforting bodily sensations. Six basic focusing techniques are used: heaviness in the limbs, warmth in the limbs, cardiac regulation, centering on breathing, warmth in the upper abdomen, and coolness in the forehead (Integration of Behavioural and Relaxation, 1996).

Physical and Psychological Benefits of Relaxation Therapy

Helping and health professionals have been utilizing relaxation therapies since the late 1930's (Bernstein & Borkovec, 1973). Dr. Herbert Benson later popularized the relaxation response technique that sought to quiet the mind and diminish muscle tension (Weinberg & Gould, 2007 p., 280). The early research in this area examined the body's reaction to environmental stress in the 1960's; focused on field of biofeedback and the body's reaction to stress in the late 1970's; substantiated the efficacy of support groups, changes in life-style, meditation and yoga in the 1980's; and provided impetus for the establishment of the National Center for Complementary and Alternative Medicine in 1992 (Finger and Arnold, 2008). More recently, researchers have focused their efforts at examining the effectiveness of relaxation therapy techniques for specific physical and psychological manifestations often by use of meta-analysis to facilitate evidenced-based practice acceptable to professionals and to a better informed public.

Similar to the research on mindfulness-based practices, the literature supports relaxation therapy as an effective treatment for a variety of ailments that include depression, anxiety and hostility (Luebbert, Dahme, & Hasenbring, 2001; Uzma, 2010); pain (Carlson & Bultz, 2008); blood pressure control (Dusek et al., 2008); and quality of life and sense of coherence (Fernros, Furhoff & Wandell, 2008). Specific to Chronic Kidney Disease, Duarte et al. (2009) conducted a research study with 85 hemodialysis patients. It was demonstrated that those patients who underwent three months of weekly 90-minute sessions of CBT including coping techniques, thinking and cognitive remodeling techniques, and relaxation activities had a significant improvement in depressive symptoms, cognitive function, and quality-of-life scores. A meta analysis that examined psychosocial interventions for anxiety and depression in adult cancer

patients by Jacobsen and Jim (2008) highlighted that relaxation training in randomized control trials was found to be efficacious in preventing and relieving anxiety in patients undergoing chemotherapy. Manzoni et al. (2008) examined 27 studies dating from 1997 – 2007 and said that results demonstrated consistent and significant efficacy of relaxation training in reducing anxiety.

Relaxation Therapy and the Health Care Professional

Schure et al. (2008) examined the profound effect that elevated stress has both physically and emotionally on helping professionals responsible for treating persons with mental health challenges. In their study, 33 master's level counselling students were enrolled in an elective course referred to as "Mind/Body Medicine and the Art of Self Care" where they were exposed to hatha yoga, sitting meditation, qigong and conscious relaxation techniques. Students identified profound changes to their physicality, their emotional integrity, their cognitive clarity, and their concept of self. Students spoke of this exposure to mind-body interventions as resonating into their practice in a positive manner with themes of enhanced comfort with silence, reduced reactivity, more compassion and increased empathy.

In 2008, I completed a survey study with the American Council of Nephrology Social Workers, American Nephrologists, and the Canadian Association of Nephrology Social Workers to determine if there was an interest in advanced relaxation therapy as a standard of practice in the overall treatment for persons affected with CKD (Petingola, 2010). Nephrology social workers reported that relaxation therapy techniques were not being utilized in their practices and clearly saw the need for implementation. Eighty-four percent of American nephrologist respondents reported that they would like to see the implementation of relaxation therapy in the overall treatment plan. Overwhelmingly nephrology social workers suggested the need for enhanced training to acquire more skill with using relaxation therapy techniques (Petingola,

2009). Learning relaxation therapy techniques however is not sufficient to guarantee successful integration of skills into professional practice with patients.

Finger and Arnold (2002) explored the use of mind-body interventions in social work practice and outlined that social workers can learn to integrate relaxation techniques in their frontline practice with additional training and a commitment to using the relaxation techniques personally. Furthermore, Finger and Arnold (2002) suggested that social workers who develop a personal practice of relaxation techniques gain a clearer and truer understanding of how these techniques can be used in stress reduction, thereby increasing their proficiency.

Adams, Camarillo, Lewis, and McNish (2010) examined the benefits of a Provider Resiliency Training (PPRT) program aimed at providing military medical professionals the opportunity to significantly develop and enhance their resiliency skills. In this study, 172 medical professionals including nurses, doctors and ancillary professionals were taught mind-body interventions. Study participants found the deep-breathing exercise (95%), tai chi (86%), and guided imagery (85%) to be the three most helpful mind-body resiliency techniques. Overall, 96% of the participants reported that they planned to use the learned mind-body techniques in the future.

Poulin, Mackenzie, Soloway, and Karayolas (2008) examined two mindfulness-based interventions designed to reduce stress as well as enhance well-being amongst human services professionals in the workplace. One of these studies compared mindfulness to traditional relaxation therapy for nursing staff. Results demonstrated that both of these interventions significantly improved relaxation as well as life satisfaction. The relaxation intervention focused on the impact of stress on the body and utilized abdominal breathing techniques, progressive

muscle relaxation, imagery and creative visualization, and incorporated relaxation exercises into daily life.

Gallant, Holosko and Gallant (2005) argued that working conditions, client demands and heavy workloads exacerbated high levels of stress among social workers, thereby undermining their potential for self-fulfilment and productivity. These researchers introduced a model referred to as Bio-Spiritual–Music-Focus-Energetics (BSMFE), a focusing technique for social workers and addiction counsellors as a part of staff training and re-certification. BSMFE incorporated music, relaxing breathing techniques, body awareness and breathing wellness. Social workers and counsellors participated to heighten their awareness of their inner-directed processes in their own spiritual quest toward personal fulfilment and professional growth and transformation. They argued that BSMFE was an effective tool that could be utilized to help social workers attain more personal and spiritual fulfillment.

So, while there is no doubt that researchers are finding that both mindfulness practices and relaxation therapies are beneficial for both patients and practitioners, we know little about how training in these methods is taken up by practitioners.

In this section I have provided a detailed description of relaxation techniques and mindfulness meditation definitions and practices. This provides the reader with the necessary information to understand the topics covered in the workshop. In the next section, I will discuss the project's methodology.

Chapter Two - Methodology

In this chapter, I will introduce and discuss the methodology that was employed to explore the research question. Additionally this chapter will provide the rationale for choosing a qualitative approach for this research study. Description will be provided about the setting, participant selection, workshop design, recruitment process, sample, procedures, and collection of data, the researcher's role, and analysis of the data. Finally, I will discuss the thematic analysis framework, ethical considerations, questions to participants, and my researcher journal used to inform the analysis by way of my reflexivity as a researcher.

Background

I was invited by the Canadian Association of Nephrology Social Workers (CANSW) to provide a one-day workshop to introduce relaxation therapy and mindfulness meditation skills to a group of 23 Canadian nephrology social workers at their annual clinical meeting on October 1, 2011, in Halifax, Nova Scotia. The conference theme was *Staying Afloat in a Rising Tide: Navigating the Nephrology Journey*. The full-day workshop, entitled *A Citadel in Turbulent Times: Relaxation Methods that Foster Resilience in Nephrology Social Work Practice*, examined relaxation interventions used in psychosocial nephrology practice. The conference occurred at the Citadel Halifax Hotel and Convention Centre; hence nephrology social workers who attended were removed from their everyday place of employment and immersed in a 2 ½ day educational conference.

The setting was, in some regards, artificial, as participants were cocooned in a cozy hotel banquet room atmosphere with no windows, sheltered from the toils of every day work, family, and societal demands. This setting created an environment of sharing and intimacy in a room of CANSW members, many of whom were strangers to each other and who had congregated from

across the country. This workshop was on the final day of the conference, a Saturday. Although the actual number of conference attendees was 31, several conference participants could not stay for this session or chose not to attend. Attendance to the workshop was logged at 23 CANSW members.

Workshop Description

The day long workshop entitled *A Citadel in Turbulent Times: Relaxation Methods that Foster Resilience in Nephrology Social Work Practice* examined mind-body interventions that could be utilized in psychosocial nephrology practice. Presentation content built on the evidence supporting relaxation therapy and mindfulness meditation practice and expanded on the use of additional therapeutic interventions such as the use of labyrinth, music and art. Body scan, progressive muscle relaxation, safe place visualization, autogenics and guided imagery tools as well as sitting meditation, walking meditation and mindful eating were all taught, demonstrated and then practiced in this full day workshop. The approach was participatory, interactive and experiential. There was opportunity for participants to build upon their current skill set while learning new tools for practice. Together we explored the application of various mind-body therapeutic modalities viable in busy conventional medical settings. The intention was that the workshop would be useful in assisting the nephrology social worker by increasing awareness of relaxation therapy and mindfulness meditation methods to strengthen and promote resilience for patients, families and health care workers. This session was intended to address the provision of care for all members in the circle of care.

Explicit goals of the workshop and stated in the participant packages were to:

- Examine relaxation therapy and mindfulness meditation methods to further understand the purpose, function and application based on research

- Experience a variety of relaxation techniques and mindfulness meditation practices to increase awareness and understanding for optimal application
- Network with other clinicians to exchange ideas while building confidence to include relaxation therapy and mindfulness meditation as a regular part of clinical practice
- Understand the power of relaxation therapy and mindfulness meditation application as a mechanism for self care, resilience and joy in the practice of nephrology social work amidst the myriad of demands and expectations of health care systems.

Qualitative Research

A qualitative research design was used to understand the experiences of nephrology social workers who participated in this workshop and to explore if this intervention influenced their professional practices. Jeanfreau and Jack (2010, p.2) described qualitative research as follows:

There is no universal definition of qualitative research, as it is an umbrella term that covers several approaches. However, Burns and Grove (2007) describe qualitative research as focusing on the human experience through systematic and interactive approaches.

Qualitative research methods are usually used when little is known about the topic and allows the researcher to explore meanings and interpretations of constructs rarely observed in quantitative research. Studies are conducted in natural settings and provide a context to observe phenomena. The information sought focuses on how something is experienced or processed and not specifically about facts and figures.

Trochim (2001) suggested that qualitative research is useful in its ability to generate new theories or hypotheses and to achieve a better understanding of the issues. Miller (2010, p.1) described qualitative research design as a method of inquiry in which the researcher, acting as a data collection instrument, seeks to answer questions about how or why a particular phenomenon

occurs. As a nephrology social worker and researcher, I immersed myself in the nephrology social work world setting and established a trusting relationship through the achievement of rapport with research participants, fundamental to qualitative design. (Interagency Advisory Panel on Research Ethics, 2006).

I used a qualitative research design as I sought to acquire a complex detailed understanding of the participants' experiences and viewpoints; qualitative research is conducive as it elicits meaningful stories, the emergence of rich thick data, and more equitable power relationships between the researcher and the study participants (Creswell, 2007). Qualitative research is an exploratory process that parallels social work practice given the way this type of research mimics what social workers do daily. In practice, social workers gather information, assess for recurrent themes, and inductively come to a clear assessment with recommendations. Padgett (1998, p. 373) discusses these parallels further:

The parallels are numerous. Similar to the context-rich and inductive approaches of qualitative research, social workers start "where the client is," view clients as part of a wider social context, and favour individualized assessment and maximum detail in chronicling the lives of clients. Furthermore, practitioners think both inductively and deductively, examining information from a variety of sources before drawing conclusions about a client's problems and appropriate treatment, and responding to new information by modifying treatment approaches. This recursive approach, depending on a variety of sources of information simultaneously considered, closely parallels the qualitative researcher's approach to data collection and analysis.

Qualitative studies favour more open and objective data collection and analysis approaches, setting out to understand the personal experiences of the participants (Tutty, Rothery & Grinnell,

1996). Creswell (2007) highlights that in qualitative research the researcher is the key instrument for collecting data, observing behaviour and conducting interviews. Qualitative research was most appropriate to this research study as it allowed for themes to emerge from the data inductively (Creswell, 2007). This qualitative research study sought to understand a phenomena of concern to nephrology social work; a matter that has not been explored with any depth (Miller, 2010).

Participants and Sampling

Initially, nine conference delegates indicated an interest in participating in this study; however, one nephrology social worker withdrew prior to the consent forms being completed and the study commencing. Eight participants were successfully recruited for this study.

The purposive criteria for inclusion were that participants were members of CANSW, had participated in the full-day workshop, and were willing to commit to participating in a series of three interviews following the workshop. Creswell (2007) suggested that "purposeful sampling specific to qualitative research means that the inquirer selects individuals and sites for study because they can purposefully inform an understanding of the research problem and central phenomenon in the study" (p. 125).

Data was collected over a four-month period from eight CANSW members (seven female and one male), ranging in age from 28 to 59 years old. All study participants were nephrology social workers except for one participant who was an associate CANSW member working with the Kidney Foundation of Canada. All except one of the nephrology social workers provided service to both in-patient and out-patient populations. Six of the eight participants were employed in a full-time employment capacity while two participants worked part-time. Areas of expertise for nephrology study participants varied with some having worked in all treatment modalities

(i.e., pre dialysis, hemodialysis, peritoneal dialysis, home hemodialysis, nocturnal dialysis, conventional home hemodialysis, transplant, post transplant) while some participants focused on a few of nephrology treatment modality concentrations.

Caseload demands varied; however most participants were responsible for 100 to 300 patients. All study participants except for one were university graduate degree prepared social workers. Geographically, four study participants serviced the maritime area, one serviced southern Alberta, two provided service to the Toronto catchment area, and one participant provided service nationally. One participant reported being single in terms of relationship status, and seven participants reported being in a partnered relationship.

All participants had previous exposure to mind-body therapy through limited education or participation in yoga, mindfulness meditation, progressive muscle relaxation, hypnosis, reiki massage or reflexology. Only one participant referred to having utilized meditation and relaxation therapy techniques previously as part of clinical practice with a patient.

Each participant who volunteered to take part in this study signed a Letter of Consent (Appendix A) and completed a Demographic Questionnaire (Appendix B).

Recruitment of Participants

For the purposes of recruitment, I initially sought permission from the “gate-keepers” of the potential study participants, the executive of CANSW. I emailed the president of CANSW the Letter of Introduction – to CANSW Executives (Appendix C). Once the study was approved by the executive, registered workshop attendees were invited to participate. This was accomplished by issuing an invitation on the official CANSW list server (Appendix D) and website directing interested participants to contact me directly. There was no financial compensation provided to participants who agreed to participate in this study. As the CANSW web administrator for both

the website and the list server, I was prudent in obtaining CANSW executive approval to post any information regarding the study and did not take any liberties in doing so given my position.

Data Collection

Data was collected by means of a Demographic Questionnaire (Appendix B) and three individual semi-structured ½ hour to 1-hour interviews using a Semi-Structured Interview Guide (Appendix E); these were conducted with each of eight participants and occurred in late October 2011, November 2011, December 2011 and early January 2012. I conducted oral interviews as the primary source of data collection by interviewing each participant individually to address the question: "What influence (if any) has this one-day workshop on relaxation therapy and mindfulness meditation had on your professional practice?" The first set of interviews was semi-structured with clearly set out open-ended questions to explore the participants' experiences and perspectives. Subsequent sets of interviews were even less structured and more conversational allowing for less rigidity and a more natural dialogue to occur according to the participants' viewpoints.

Participants were invited to utilize Skype video calling technology or telephone contact for interviews. One participant elected to use Skype technology, and all others chose to be interviewed by telephone. Those interviewed by telephone preferred that interviews occurred during daytime working hours and at their places of employment. The employment settings did not have web cam or Skype availability. Each interview was audio-recorded with two electronic recording devices to assure accuracy and as a precaution in the event that one recording device failed. Interviews were transcribed verbatim for analysis by a research assistant although I transcribed 14 of the interviews as a means of furthering my familiarity with the data; the research assistant transcribed ten interviews.

Additionally I used a journal to note observations made during the interviews, certain revelations and questions that came to me, non-identifying information about each participant and lastly my feelings about the interviews. I have used this to refer to during the data analysis.

Researcher's Role

As a nephrology social worker I bring my own understanding of the emotional and practical demands in which nephrology social workers practice. I also understand both clinician and patient vulnerability, as I witness this on a daily basis in my frontline practice. This understanding assisted me in engaging research participants with dignity and respect. I also sensed that research participants felt a kinship with me as they frequently suggested that I must understand what they were trying to convey, being a nephrology social worker. My familiarity with this work facilitated a sense of non-judgement and compassion for their working situations, limitations, and intentions. As a social worker in nephrology practice for 13 years I am familiar with institutional chaos, frightened patients living with multiple co-morbidities experiencing grief and loss, and anxious colleagues all trying to stay afloat amongst workload demands and public scrutiny.

In my professional practice I guide patients, staff and caregivers through mindfulness meditation as well as employ an array of relaxation techniques. I acknowledge my bias as a result of participant reactions and affirming feedback on how these complementary therapies help them to cope and in many instances change their lives. Along with my bias I bring a passion to seek change in the way that nephrology social workers practice by heightening their awareness to the benefits of relaxation and mindfulness practice, fostering best professional practice and enhanced self care. Rock (2006) suggested through the committed practice of mindfulness meditation, a person develops the ability to recognize thoughts and emotion as they arise and this skill enables

greater insight, less reactive responses and less rigidity. My personal heightened awareness has allowed for less judgement and more impartiality in my clinical practice and in collaboration with my colleagues. Reflection and heightened awareness have permitted me to be more aware of how I influenced the research process and on how research process influenced me.

Savin-Baden (2004, p.366) suggested:

Reflexivity for me is about situating myself in the research and the processes of research in ways that acknowledge and do justice to my personal stance and to the personal stances of those involved in the research. Reflexivity is about disclosing my value-base to those who participate in research. It is about working with people, doing research that is collaborative and sharing perspectives in the process of doing research.

It should be noted that I kept a journal during the entire research study in which I recorded my thoughts, dilemmas, realignment of themes, and numerous attempts to reframe the research question, constantly reflecting and rethinking. Barry and O'Callaghan (2008) illustrated that reflexive journal writing can be useful in generating and demonstrating new understandings vital to extend practice. Additionally I employed critical reflection, a process that conjures the identification of deep-seated assumptions with the key purpose being to identify and implement changes to practice (Fook & Askeland, 2007). Also, in frequently scheduled supervision meetings, my supervisors challenged my beliefs and pointed out my biases. As a researcher I had to be aware of how my personal bias and experience may have influenced the project. As a nephrology social worker interviewing participants who were nephrology social workers, I had to make sure that I challenged participants about their answers to interview questions regardless of the unsaid collegial bond that we shared. Additionally I had to eradicate the notion that relaxation therapy and mindfulness meditation were unquestionably favourable simply because I had found

them helpful in my professional practice and personal self care. I had to be open to whatever the participant wanted to share with me even if it was contradictory to my own way of thinking.

It is my hope that this research study has prompted reflective practice and promoted an opportunity for professional growth for all involved. My paths have crossed with some of the study participants since 1999 when I first became a member of CANSW. Over the years I have been a member of the executive, assisted in conference and educational planning for nephrology social work conferences, been a conference presenter and am currently the web administrator for the official website and list server. My presence with the CANSW community may have invoked trust by potential study participants. However, this relationship may have been a limitation to the study as potential participants could have had a preconceived notion of me which might have hampered or encouraged their participation in the study. As a nephrology social worker I have my own understanding of the nephrology social work culture. I had to be aware that my work culture was unique to me and that each of their work cultures were equally distinct. Hence, I could not form generalized viewpoints based on my personal exposure nor make assumptions that relaxation therapy and mindfulness meditation would be readily accepted into their work settings just because my work setting had embraced the implementation. As part of the research process, I facilitated open dialogue which required my attention to my verbal and non verbal responses to assure neutrality and non-judgement. I was successful in engaging perspective study participants from the announcement of the study onward and allowed for rich data to emerge as a truly receptive listener.

Tutty's (1996) six-point thematic analysis framework

Tutty's (1996) six-point thematic analysis framework was the approach used to analyze the data collected. The six-point thematic analysis framework is as follows:

1. I prepared the data in transcript form. Each interview was recorded and interviews were transcribed. I transcribed many of the interviews so I became very well acquainted with the stories being told.
2. I established a plan for data analysis and read each interview thoroughly once transcribed. To extract the data for raw coding, I cut excerpts from the entire manuscript into initial categories in order to begin to decipher key themes. All cut excerpts were spread out and organized into piles that would form the initial categories. This assisted with providing a visual picture of the data.
3. In first level coding I identified the important experiences or ideas that emerged from my data into meaningful units based on similarities and differences. Once identified, categories were named, and the cut excerpts were placed into designated files. All data was reviewed again to make certain the analysis reflected what the participants said.
4. Second level coding was completed to further decontextualize the data interpreting what the first level categories meant in a more abstract manner. I identified similarities and differences between the categories to understand relationships between them. I further integrated the categories into themes and looked for relationships.
5. To determine meaning and interpretation, the relationships and main categories were reviewed looking for meaning. I identified relationships between major themes through the use of a diagram to help me conceptualize the data. I then used the following strategies to extract meaning from the data: the use of a matrix, counting the number of times a theme is repeated, including metaphors, looking for missing links, and noting contradictory evidence.
6. To help establish trustworthiness/triangulation I established my credibility as a researcher by carefully documenting in a journal what I did, how I did it and why I did it, as well as how I arrived at my conclusions. This is consistent with my described processes and analysis.

Additionally I met with my thesis supervisors to review my analysis and sought their feedback and direction (Tutty, 1996).

Ethics

This study was provided with ethical approval by the Laurentian University Research Ethics Board (REB) on July 12, 2011 (see Appendix F).

This chapter has provided an account of the methodology employed in this study. Qualitative research lent itself well to the project as I was interested in exploring in-depth the participants' experiences with the learning gained from the workshop. The interviews were analyzed and demonstrated that the workshop did have some impact on the participants' practices. This, as well as other findings, are discussed in the next chapter.

Chapter Three - Results

A total of 24 interviews were analyzed after being transcribed verbatim. Rather than examine the data as one unit, careful attention was directed towards analysis of each of the three distinct sub-sets of interviews that spanned over the course of four months (October 2011 – January 2012). This was done purposefully to respect the integrity and unique qualities of each set of interviews and to identify where participants were positioned along the influence trajectory over time. By analyzing the interviews in there groupings, attention could be paid to changes over time regarding the influence, or not, of the workshop.

The initial interviews found that nephrology social workers had implemented relaxation therapy and mindfulness meditation into their lives both professionally and personally. These findings are discussed next.

The Initial Interviews

The first set of interviews occurred between October 31 and November 8, 2011, approximately one month following the workshop that was held on October 1, 2011. Participants described this period as a time to reflect on the workshop and examine how relaxation therapy and mindfulness meditation might be included or not in their professional practice. Participants said that this period also provided an opportunity for them to process the knowledge that they had acquired from the workshop for gradual guarded implementation. Initially, 32 important ideas emerged in the first level coding of the analysis but as the analysis progressed the data was grouped into seven categories based on similarities and differences. Following this process, second level coding was completed and from that five main themes emerged.

In the first set of interviews the five main themes were (1) the workshop was an opportunity for skill development, (2) the workshop influenced professional practice, (3) the workshop

influenced self care, (3) nephrology social workers believed that their scope of practice should be expanded to include both therapeutic modalities, (5) and there were obstacles to implementation.

The Workshop was an Opportunity for Skill Development. All of the participants reported that they believed that the workshop was an opportunity to build skills for enhanced professional practice and self care. On describing the workshop one participant shared "it just really resonated and I thought everything seemed like it was so very practical and focused on the actual work that we do." All eight participants had some previous exposure to mind-body therapeutic interventions in some capacity but none had previously participated in a full day comprehensive workshop specific to relaxation therapy and mindfulness meditation and its application to nephrology social work practice. Seven out of eight participants reported that they attended the workshop to "gain more experience" and knowledge in this area; "I saw this as a refresher and opportunity to perhaps deepen my knowledge." One participant stated that they found it "intriguing to go into more depth." Similarly, another participant stated that:

It has been something that I've been interested [in] for a while...I have done some meditation myself...and I've done some relaxation with clients and just wanted more information about it and was looking forward to the fact that it was a colleague who is doing this.

As participants implemented newly acquired skills from the workshop they acknowledged that they were still beginners simply trying out new techniques in an effort to gain more skill and confidence. Participants were afraid that failure to implement new skills learned at the workshop would jeopardize their ability to retain the information hence they sought to integrate these therapeutic modalities into their practice promptly to prevent them from "falling by the way side." Participants were hopeful that their skills would be further developed and refined through

practice so they would feel more natural in their application. The need to streamline and perfect the use of new techniques is important to a discipline that prides itself on the ability to communicate and elicit patient feedback. One can understand how this need to refine skills is important to participants wishing to expand their skill set to compliment their professional practice. One participant stated:

I've been very open about the fact that for me this will be a chance to really practice this and he's [patient] willing to be my guinea pig. What I'm hoping is that it's going to give me an opportunity to get a sense of which of the techniques I'm most comfortable with so that ... it just becomes a little more sort of internalized and I'm not having feeling that I have to read everything each time.

Although participants viewed their level of comfort with implementation as being "low" during the initial month following the workshop, all participants persevered to put skills into practice even if they felt "out of their comfort zone" during initial usage. One participant eloquently summarized this concept by stating "my comfort level is low. I don't feel 100%; I don't feel right now it comes naturally for me. So I think it's also a confidence obstacle".

Another participant highlighted that even though they did not consider themselves to be "expert" in using relaxation therapy techniques that they persisted with knowingly receptive patients.

When not reacting to crisis situations participants interestingly chose patients and family members whom they suspected or believed would be open to "take the bait" in trying relaxation techniques. Some participants indicated that they did not want to overwhelm the nephrology circle of care in the process of introducing new psychosocial interventions. One participant summarized that they wanted to "make sure that this was fitting into their practice and that this was not their whole practice".

One participant spoke of the need to implement relaxation therapy and mindfulness meditation personally in order to be able to offer it confidently to patients and families. Given that nephrology social workers practice from a “do no harm” standpoint it is not surprising that this participant would have adopted this criterion for safe implementation:

I always find it's helpful to run things through on a personal level even before you bring it to someone else right? You know they often say if you're going to engage in counselling you should do some of your own. So I think it's a piece of it. An easy way to hone skill is to look at it in terms of how I can apply this in my own particular area?

Overall, during this set of interviews most participants expressed that they were eager to implement newly acquired relaxation therapy skills in their professional practice.

The Workshop Influenced Professional Practice. In total, seven participants stated that the workshop had a positive influence on their professional practice. One participant of the seven used the adjective “powerful” to describe how the workshop had influenced professional practice. Another participant stated that having attended the workshop they “felt inspired to want to try” to implement new skills into practice. A further participant spoke of a desire to implement relaxation therapy and mindfulness meditation into practice as they liked the idea of being able to offer “a holistic service” to patients who might be less receptive to pharmacological treatment. Chiu et al. (2009) estimated that the average hemodialysis patient takes 19 pills per day so it is easy to understand the appeal of mind-body interventions to both patient and provider.

All eight participants welcomed these new skills as a divergence from the usual instrumental task-oriented interventions highlighting that there are “some real perks to being able to have something practical and tangible.” Four participants expressed that the workshop had been influential as it provided them with “concrete tools” which they felt empowered them as

nephrology social workers to use with patients and families. One participant commented "it's at least something tangible and in that moment that I can help, something that I can offer; it's been a good tool to have."

Participants reported that the workshop influenced their practice whereby they had successfully incorporated relaxation therapy techniques to assist patients fearful of needles anticipating or undergoing hemodialysis. Hemodialysis is a life sustaining necessary treatment. Hemodialysis requires the insertion of large needles into a fistula or graft on the patients arm and can be challenging to patients and nursing staff if the access site is difficult to cannulate. Intervention was achieved individually and participants implemented deep breathing, safe place visualization and autogenic techniques to calm anxious patients. Intervention was frequently crisis driven and therefore unplanned and at the bedside in many instances. The benefit of this was that it thrust participants into utilizing relaxation techniques and these positive experiences helped participants to feel empowered and pleased to be able to intervene in this capacity. This lead to feelings of satisfaction and achievement in their work even if implementation felt awkward for some participants. Participants credited the workshop as having influenced this change in practice:

It was not like a planned intervention... it was kind of a crisis spur of the moment and I used the safe place visualization. It was effective. Well it was kind of happenstance. I was working in the unit one night and ...there was a family member in absolute tears and I just happened to be there and a so to be able to use that in that context as opposed to a planned counselling session was really helpful to me as the person providing the service... providing the intervention and certainly beneficial to the patient's wife.

Having attended the workshop, one participant altered her practice to now always include a question about their "safe place" during initial assessments as an opportunity to learn more about the patient and as an opportunity to make new patients aware of her ability to now offer mind-body complimentary approaches to care:

The one technique when you talked about, the safe place; that is something that I've started to do for a number of clients that I see on a regular basis for counselling and it's a fairly easy effective tool to get clients to see that's how to do it. It's also very telling.

Interestingly, participants tended to use more relaxation therapy techniques during this time as these were perceived to be easier to implement than mindfulness meditation. This makes sense as mindfulness meditation as a holistic philosophy is more broad and complicated to learn and incorporate into one's life and work, compared with a variety of relaxation techniques and exercises. Additionally it was crucial that participants had successful, achievable results at this tenuous stage of implementation if they were to continue to delve into using new techniques with confidence.

Overall, the participants spoke of being pleased during this timeframe as implementation with patients was received positively and helped them to feel more confident. One participant elaborated:

I sort of took the plunge and approached a patient yesterday and asked if they would like to join me in going through one of the visualization exercises ... I found that really really positive, and this patient and I just decided that we will continue this on a regular scheduled basis.

Participants indicated that the workshop influenced them to feel "more confident" to implement relaxation therapy and mindfulness meditation into their professional practice. One

participant stated that their confidence had “gone up 70 – 80%”. Participants suggested that they had more confidence in implementing mind-body interventions as their practices were validated by the literature that was shared at the workshop. Also, participants identified an increased confidence in using relaxation therapy techniques with their patients having had the opportunity to build their skill set through opportunities of “doing the actual techniques” at the workshop. Furthermore the fact that the presenter was a social worker gave some participants the confidence that they too could successfully attain comfort with implementation of these therapeutic modalities in their practice. One participant commented:

Yes it [the workshop] has altered my confidence. I see that you are using it so successfully and that you are a social worker and you as a social worker have taken this on and as a social worker can do well and that it makes a difference to the people and doesn't cost a cent, except a little bit of your time. And I'm thinking you can't argue with any of that. I mean I have the same training and background. I have the same basic clientele. There are lots of different niches that people fill here in the hospital and clearly we have an opportunity. We have private offices. We do see people who benefit from some of these skills. We have an opportunity to put these things into practice.

One outlier yet significant theme emerged during the initial set of interviews by one participant and was later echoed in subsequent participant interviews throughout the study. It was reported that anticipated calls by the researcher served as a catalyst towards promoting follow-through with implementation of skills derived from the workshop:

I do think that in the fact you are doing this study is helpful. I can't speak for others but for me knowing that this [call] was scheduled, that I committed to this, was what gave me the extra push to make that point of trying it out yesterday.

The Workshop Influenced Self Care. An important theme that emerged during the first set of interviews was that participants were searching for tools that might help them “heal” as a mechanism for enhanced self care. Interestingly the workshop seemed to fulfill this need as it equipped participants with the tangible skills of relaxation therapy and mindfulness meditation that they could utilize for wellness. Given that participants were not directly asked about self care in the interviews, it is interesting to see this theme converge with professional practice as an unexpected but welcomed guest. However, given that the issue of self-care was part of the workshop, this is not surprising.

Participants attributed the workshop as being influential in helping them to be more cognizant of, and subscribing to, enhanced self-care. Five participants referred to the workshop as being a “reminder” about the importance of self-care and shared that the workshop was “very helpful in terms of centering oneself” and that they could not “care and give to others” unless they themselves practiced self care. The notion of taking care of self to give to others is not a new one but the workshop seemed to illuminate this concept for the participants as it can be easily overlooked amidst workplace demands and excessive caseloads. In essence the workshop may have been perceived as a “wake up call” for some participants at a crossroads. One participant described the workshop as being the impetus for “treating herself more kindly than she would normally have.” This same participant admitted that she felt quite vulnerable at the time of the workshop and acknowledged that the workshop was timely in helping to promote positive change in her life: “I would honestly say that and it was just happenstance that when I was at the workshop, I was at a little bit of a personal crisis point, burnout, and this has helped me walk my way back.”

Six participants were at the height of practicing many skills and concepts derived from the workshop without delay to improve self-care during this time. While participants were quick to grasp relaxation techniques for usage with patients they were more prone to use a mix of mindfulness meditation and relaxation techniques to improve self care. One participant acknowledged "I do have a very heavy workload and very stressful projects on the go right now and I have been really been relying on these techniques a lot to get myself through the day." One participant positively illustrated how skills derived from the workshop helped them to "feel less reactive and more in control":

Yes, it's been a very positive thing. I don't get so strung up or at least not so quickly and when I get to that place, I call it you know, spinney brain. I just literally sit down and breath and then I will give myself a time out and go and sit and give myself one of the 15 minute mindfulness meditations and then I can go back to it calmer and feeling a bit more energized and a bit more hopeful.

Four participants shared that the acquirement of relaxation therapy and mindfulness meditation skills had impacted their productivity allowing them to step back and prioritize tasks to be "better able to provide for the clients" and "better to manage workload and stress and therefore subsequently to be able to manage mood." One participant highlighted this:

We can be pulled in a dozen different directions you know and be needed in five different places at once and so that it's a way of taking even five minutes to shut the door to bring myself back to a place to be able to sort out this is the priority.

Six participants highlighted that they had specifically implemented mindfulness meditation to acquire more awareness of the breath and the moment and in doing so this helped to settle them and help them to "feel grounded." Mindfulness was employed by participants formally

through sitting meditation to quiet the mind and tame instinctual reactions. Body scan, which is associated with mindfulness meditation practice, was used by one participant to assist with sleep inducement:

I've been doing this [mindfulness meditation] every night before I go to bed trying to do 10 to 15 minutes, but if I find myself lying in bed doing either the breathing and visualizing its going to my feet and through my body. Or I do the tense my muscles and relax and work my way through that way and so I've been getting much better sleep, certainly able to fall asleep much better.

Another participant shared that mindfulness meditation techniques assisted with non-judgement awareness and acceptance thoughts and emotions as they arise to "fully experience life the good, the bad, the ugly." Mindfulness promotes the concept of facing fear and difficult emotions as they arise so that we can work with fear with more clarity and typical scripted reactivity (Santorelli, 1999).

Additionally one participant used progressive muscle relaxation for sleep and two participants used safe place visualization to calm and reduce anxiety from the workday. Set one of the interviews revealed that self care was a hidden gem that emerged as a secondary benefit to attending the workshop.

Participants Believed That Their Scope of Practice should be expanded to include Both Therapeutic Modalities. Six participants reflected about how they might "expand a little" and "take a few more risks" in implementing relaxation therapy and mindfulness meditation into their professional practice. One participant was very clear that she hoped to "challenge herself" to include these new skills into her professional practice rather than forfeiting them as simply unutilized "professional development hours." One participant summarized that acquired skills

from the workshop were "perfectly suited to the work that we do in nephrology social work practice." This makes sense as much of the work of nephrology social work is to help patients and families to adapt to life with chronic illness and the rigors of dialysis. Relaxation therapy and mindfulness meditation can help persons affected with CKD to manage fear, pain, conflict, loss, depression and anxiety.

Five participants believed that by incorporating relaxation therapy and mindfulness meditation into their professional practice that it would enhance their discipline's reputation and justify their credibility as being able to offer specialized service that would be outcome driven within their organizations. They hoped that successful integration of these skills in professional practice would demonstrate that they could do more therapeutic interventions rather than solely hands-on task-oriented resource counselling. Some participants used words like "showcase," "speciality" and "niche" to illustrate the benefits of integrating these techniques derived from the workshop into their practices. The introduction of mindfulness meditation and relaxation therapy was viewed by three participants as a "golden opportunity" to enhance the "professional identity" of nephrology social work "showcasing" that they offered specialized therapeutic services that made them valuable. One social nephrology worker stated "it just can't help to expand people's understanding of our role". Another participant declared that this was "something that they could do" and "wanted to try to do given the current climate in health care" and the constant "need to demonstrate and articulate skills."

One participant had utilized several complementary therapies for self-care but had not considered them as clinical interventions with nephrology patients until attending the workshop. This participant typically outsourced for therapeutic services and was pleased to be able to offer

relaxation therapy and mindfulness meditation to patients under the social work umbrella of service. As she explained:

I generally outsource. Put in a referral for this. How can I help you get in touch with that?

But to give me a tool that I could do with our clients right then and there. And it never occurred to me and it was just something practical that our chronic disease patients would absolutely benefit from. It was exciting!

When the participants spoke to the expansion of their current scope of practice to include these mind-body modalities they also spoke of the need to acquire support from their supervisors as well as their team as a necessary pre-requisite for the successful launch of these techniques into their practices. One participant shared:

After a little bit of research we discovered that in fact there is a space and now the next step is to how to best approach the managers to make use of that. And so as I talked with my unit manager just to explore this with him. He was very interested when I talked about how this could be utilized to address needle phobia.

Another participant stated:

After I came back from our conference I was really excited and I emailed my supervisor and asked if I could buy a CD, and if we could get our hands on a CD player with speakers that I could have with me...my supervisor said that was great. She immediately said yes.

It became clear that participants felt that skills derived from the workshop should be expanded into their professional scope of practice for both patient and nephrology social work benefit.

There Were Obstacles to Implementation. During the first set of participant interviews, the participants indicated that the major obstacles to their implementing relaxation therapy and mindfulness meditation in their practices were: (a) lack of privacy, (b) a lack of time due to heavy

workload, (c) poor proximity to patients, (d) a lack of proper seating for patients, and (e) a lack of quiet space. It came as a surprise to me because it is unlike my own experience that most of the study participants had offices that were shared and located away from the dialysis units "not physically located even in the same building as the bulk of the area where we work." A participant described their work environment in the following manner:

I think if it was something that we did in the unit but that would be very difficult because everybody's in one room and they're very close together and noisy and there's people walking around... in the actual unit would be difficult because of the distractions and because of everyone wandering around and no separate room in these two units. The other unit is even more squashed ... people are facing other people and so that's the difficulty. I share an office and the space of this office is something that is an issue cause it's a tiny office. So there are usually two of us in here...It can be really difficult.

These problems with space made it more difficult to encourage clients to access the nephrology social worker(s). One participant stated:

There's nowhere I can take patients. It's a problem not just with this type of work but with...all work. The problem is finding a proper space...They're working on it...getting a new unit. I think it's going to take years before it's actually to fruition.

One participant elaborated that "It's a very very busy service and you are often running from one thing to the next" and that "actually having one-on-one time in which I feel that I can slow down enough to try to slow somebody else down is probably a challenge". Another participant complained "it's hard to find the time and fit it all in" even though there was an interest. One participant elaborated "I often feel like I am just running and putting out fires all the

time. I'm having a hard time finding time in my day to move beyond really crisis intervention and moving more towards therapeutic interventions."

Interestingly, even though identified obstacles hindered full-fledged participant implementation of relaxation therapy and mindfulness meditation into professional practice all eight participants hoped for eventual seamless integration that they believed would heighten the profile within their settings. They sought to implement these therapeutic modalities strategically and purposefully. Additionally two participants anticipated nephrology unit renovations might alleviate space and privacy issues in order to facilitate more successful opportunities to incorporate these modalities into their practice. In summary, even with obstacles there was optimism that improvement in physical layout and workload would allow for the implementation of skills derived from the workshop. Managerial support was favourable and at no time an obstacle.

The Second Interviews

The second set of interviews occurred between November 28 and December 5, 2011. This was approximately two months after the one-day workshop on October 1, 2011. Initially, 24 important ideas emerged in the first level coding of the analysis but as the analysis progressed the data was grouped into seven categories based on similarities and differences and subsequently named. Following this second level coding was completed and from that three themes emerged: (1) confidence was perceived to have increased regarding the implementation of newly learned techniques, (2) self-care continued to be important, and (3) there continued to be obstacles to implementation. Noteworthy changes from the first set of interviews included more confidence with implementation of therapeutic practices with patients but reduced prioritization for self care by participants.

Confidence was Perceived to Have Increased Regarding the Implementation of Newly Learned Techniques. With the passing of two months since the workshop, participants said that they demonstrated more use, more confidence and more risk in implementing relaxation therapy techniques with patients. Seven participants suggested that the workshop was influential in their professional practice, and four participants felt that the impact of the workshop had “made a huge difference” that would be long-lasting throughout their careers. Of these four, one participant summarized “I think it was a fantastic workshop and I think it will always be in my practice... I will always think of it and try to integrate it in my practice now”.

Additionally participants indicated that the workshop had “absolutely made an impression” influential to using these therapeutic approaches with patients. Participants said that they were optimistic about gaining proficiency with new skills and they attributed this confidence directly to the calibre of the workshop and the learning methods utilized. The workshop was a blend of theory, a review of the evidence supporting the use of relaxation therapy and mindfulness meditation in nephrology practice, and an opportunity to observe and practice all techniques. Although three participants had not progressed in terms of implementation of new skills to their clinical setting they acknowledged that “the workshop and then the study had given them the impetus” to continue to strive to incorporate relaxation therapy and mindfulness meditation into their future professional practice. This feeling of being “on the bottom wrung” with implementation was attributed to heavy workload and inability to recruit interested patients. One participant stated that the workshop “really demystified” (relaxation therapy and mindfulness meditation) making it more achievable and less intimidating for use with patients. Another participant suggested that the workshop had made a “difference in their practice” in the way that

they would now "approach things" confident that she could illicit a safe place anchoring for all nephrology patients.

Heightened confidence through implementation of relaxation therapy and mindfulness meditation contributed to a drive to broaden the nephrology social work scope of practice to include these therapeutic modalities. One participant spoke of satisfaction with the attainment of relaxation therapy and mindfulness meditation as they now felt capable of offering a service to patients that "previously involved a psychologist". Participants continued to feel empowered by having tangible therapeutic techniques that they felt gave them heightened job satisfaction, credibility and respect within their organizations. One participant reflected:

I think it's a great idea that you do it and I see it as something that social workers can do and I like the fact that it doesn't cost any extra money and it doesn't cost the system cause the system here is strapped ... So anything that can enhance is definitely worth being considered.

Three study participants were relatively new to their role in nephrology (less than 1 ½ years) essentially carving out the domains of their position yet still confident to be incorporating both of these treatment modalities as part of their professional role. One participant remained very confident while frantically scouting out patients who might be receptive to utilizing newly acquired skills from the workshop. This participant was new to the job of nephrology worker still trying to solidify her new role on the team and within the renal community. In her situation she faced traditional, conservative, small town ideology that she was keen to challenge by implementing relaxation therapy and mindfulness meditation mainly due to her belief that these treatment modalities could make a difference. This participant carried this theme from the first set

of interviews and introspectively gave it more attention during this set of interviews as being an obstacle.

Confidence continued to be directly tied to interdisciplinary team involvement, team buy-in and support. It was important for four participants to feel that they had the support from their manager to implement new therapeutic skills. One participant stated:

I have sent out an email to the nursing supervisor of all of our four dialysis units, just kind of reminding them that I do offer this service so ...and made the staff aware that is something I am available to do with patients.

One participant felt confident to look to the future with the hopes of being able to share skills from the workshop eventually with staff for enhanced self care. None of the participants felt confident enough yet to offer services directly to team members in this capacity. Participants may have felt that the team might be critical, possibly undermining their confidence and progress.

Five participants said they continued to be eager to implement relaxation therapy and mindfulness meditation into their professional practice and continued to feel that the skills derived from the workshop were "valuable" and "worthwhile". A participant expounded "I think it's not just a frill; it's something that we should be able to incorporate in our practice that will definitely benefit us as well as some of our patients or family members."

This set of participant interviews confirmed that study participants were more confident in using many relaxation therapy techniques with patients and the feedback from patients was positive (no one reported "negative" experiences). Specific techniques implemented by nephrology social workers included progressive muscle relaxation, diaphragmatic breathing and safe place visualization. One participant reported that they now incorporated safe place visualization in their initial assessments with new patients:

I've incorporated safe place visualization into almost all of my assessments...its just part of the assessment as opposed to coming to see someone because they're in crisis or seeing someone for counselling...when they come back and perhaps they are having more difficulty we can talk about remember we talked about and this is what you told me. Let's see if we can work with that. And so it's already something it's like planting that seed.

Once again participants worked with patients and family members individually primarily favouring relaxation techniques over mindfulness meditation. One participant shared, "I used the relaxation methods more so than the mindfulness because I felt that it was easier to talk the person through it whereas I wasn't so confident about the mindfulness and how to actually do that." This theme prevailed throughout the entire study.

Two study participants hoped to utilize a group format in the future but made it clear that they had no urgency in doing this. Participants continued to acknowledge a certain awkwardness in it in terms of application. Six participants recognised that the skills would only be refined with regular usage. They saw themselves as novices possessing a "general level of comfort and ease" in implementing relaxation therapy and mindfulness meditation and reiterated that "practice – practice – practice" was necessary for continued skill development and improved confidence.

One participant stated:

So I see this as a great tool. It's inexpensive. I have the CD sitting on my desk, I have your stuff in my filing cabinet....all of your print outs. So it's a service that I can provide.

Myself, I am feeling perhaps a little more nervous as time goes by. I haven't practiced it because I think its still getting over that initial time or two, to kind of get into...to feel more comfortable in myself with it.

Two study participants were very successful in implementing relaxation therapy techniques specifically for needle phobia or dialysis access problems and access shunt revision and this bolstered their confidence:

It so happened that this young fellow had shared with me he felt very anxious about an upcoming line change. And so I had a session with him and we kind of explored a number of different things together and in addition to that I offered him the opportunity to meet together the day before for a relaxation session. And he accepted that, and we met together on Monday – he had his line changed on Tuesday.

Two study participants felt confident enough to pursue more appropriate seating to accommodate patients for relaxation therapy sessions in their offices. Although this is not a direct application of relaxation therapy or mindfulness meditation it does suggest that the workshop motivated these participants to make logistical changes that they perceived would allow them to practice techniques in a more conducive environment:

I actually have a recliner in my office now. It just so happened that the unit got all new chairs and so they were disposing of the old recliners. And so I just happened to be going by in the hallway when they were getting rid of them and asked if indeed I could have one. And I actually got one too... it's kind of great to think that I now have more of a better set up.

Two participant “camps” seemed to emerge in the discussions. One group of participants felt good with forging ahead while the other group seemed to be much more tentative and cautious. The latter represented those participants who were struggling more with role ambiguity and unmanageable caseloads. These latter factors may have influenced their confidence in integrating mind-body techniques into the practices.

Once again I did not expect participants to discuss how the interview calls from the researcher proved to be helpful. However, four participants described the interviews as an opportunity for encouragement and “accountability” and this subsequently increased their confidence. Study participants said they began to anticipate “check ins” from the researcher and prepared for the upcoming calls. If they had not practiced a technique and knew that an interview call was upcoming, this seemed to motivate them to apply techniques in an effort to be prepared to talk about therapeutic implementation. This was self-imposed by the participant. One participant summarized:

I really feel like if it wasn't for the workshop I wouldn't have done this... it's possible that if I wasn't part of this study I wouldn't have done it to tell you the truth. As much as I truly did feel inspired to do it from the workshop, being part of this study has been a helpful means of being accountable to that.

In general, confidence increased for most of the participants and even if implementation was limited all of the participants planned to continue to strive for integration into their practices.

Self Care Continued to be Important. Seven participants indicated an increased use of relaxation therapy and mindfulness meditation practices for their own self care during this second round of interviews, directly attributed to the workshop. They indicated the use of primarily relaxation techniques to assist with “unwinding, de-stressing, sleeping and simply being kinder to self.” One participant stated that the techniques derived from the workshop helped them to “forget about what's happened for the day and take time for self”. Another participant stated that they had “used it more often for self than with clients ... to bring my anxiety level down”. One participant spoke about being less reactive following the workshop which is consistent with the literature (Bell , 2009). She declared: “So we're all stressing out and I could hear myself, telling

myself as I'm talking to this person "OK just calm, breathe, you know this is doable – we can manage together". One participant explained that she had "used it more often for self care than with clients" due to heightened "anxiety" associated with recent increased job responsibility and workload.

Four participants used breathing techniques for self care to assist with sleep inducement and to help to "slow down." One participant spoke about employing relaxation therapy and mindfulness meditation as a means of managing stress and for recuperation:

I am still using all of the different techniques that we went over in October. Actually I just downloaded a few guided meditations on my iPod and was actually listening to one last night because I was having difficulty shutting my brain off... it's been a fairly intense few months for me ... things have been really really busy and stressful at work so I find I am going to that [meditation] as a way of managing my stress level but then also kind of one step beyond that to try and relax and rest so that I can recuperate. So I am finding it very effective and I have found it's influenced my daily practice because it's influencing my wellbeing and my ability to manage my stress and to get things done.

Another participant shared that deep breathing was the most salient technique that helped her to calm down amidst her many demanding roles personally and professionally:

The stomach breathing probably stuck with me the most ...I have a young child, I work and I'm also in my masters program. Coming home to find time to quickly get on the computer so I can quickly do a paper. So it's a juggling act as well and so that's just something I think, just being cognizant to slow down and its something that I'm aware of and to make a bit more of a conscience effort. I know I have been lying in bed a few times saying you do this and you do this and you do that and just not being able to kind of shut off my own brain

sometimes. But just being able to focus on my breathing and really purposefully breath from my stomach and not my upper chest has probably been what has stuck with me the most, because its practical, its simple, it slows you down.

There was a shift in the second series of interviews whereby participants said that they had implemented relaxation therapy and mindfulness meditation more frequently in the first month immediately following the workshop for self care but were unable to always find the time to continue using these techniques with time passage. One participant stated that it was “probably something that they needed to do again.” One participant admitted:

I haven't done that for weeks because it has just been crazy here. Its nuts, so no I haven't really been able to and of course I go home and I have the house to manage and people to feed and other things to do in my life. So I can honestly say that since I spoke to you last I haven't had a whole lot of relaxation time here or there

Four participants echoed the theme that they must prioritize “taking the time, finding the time, making the time, and guarding the time” to implement relaxation therapy and mindfulness meditation for their own self care. Another participant spoke of it feeling like a “luxury” to take time for self and described just how difficult this could be:

I have tried a couple of times and I really like the effect when I do it. To sit with my eyes partially closed and just sit for 15 minutes and try the mindfulness meditation. But that's not my first go to thing because it still feels like too much of a luxury actually because I can talk myself out of it before I even sit down.

One participant used guided imagery and autogenics with a child and three participants were contemplating usage of walking meditation and mindfulness meditation with spouses and friends. One participant shared “My husband's been going through a stressful time at work and

it's affected his sleep so I am encouraging him to do some of those things." Another participant had acquired the endearing nickname "spiritual guru" from a friend whom she had spoken to regarding use of mindfulness meditation to help with personal care. One participant was going to introduce a friend just diagnosed with cancer to mindfulness walking to help them cope. It is noteworthy that participants felt confident in and trusted these new techniques and were willing to recommend them to significant others. It might be argued that fostering wellness in family and friends indirectly positively affects study participants in keeping with systems theory. Systems theory dictates that one change in part of a system has direct implications to the remaining parts (Turner, 1978).

It was very telling that participants gravitated toward mindfulness meditation practices particularly appreciative of the "not judging" aspect of it pertaining to self care. Participants practiced mindfulness meditation informally (walking the dogs, walking to work, eating, etc.) rather than formally by sitting meditation. Once again this makes sense given the busy schedules of participants and their need to be creative to incorporate skills into their daily lives. One participant described mindful eating:

Last night when I was eating supper, I made a chicken dinner, and I made potatoes and broccoli and made the special sauce and a wolfing it down and I was like okay, and I just tried to slow it down and enjoy and be more cognizant and enjoy.

Another participant spoke of the challenge of attempting to do mindfulness meditation formally and the eventual transition to informal practice.

After the first month I was kind of pushing myself that I wanted to be more consistent or rigorous with doing this every day and in my mind that was sitting down for the 15 minutes – you know "I am meditating now." And I think over the past month I've become much

more aware of how I draw on this throughout the day, but it doesn't necessarily have to be that set aside deliberate time that I can use this throughout.

Self care continued to be paramount to most participants.

Continued Obstacles to Implementation. Three participants cited unruly workload, three participants spoke to poor or inadequate space, and three participants attributed lack of privacy as obstacles that prohibited optimal implementation of relaxation therapy and mindfulness meditation into their professional practice -- the obstacles were still focused on physical barriers and work load matters. In addition to nephrology social work practice, some participants shared that they were expected to provide social work coverage to other parts of their hospitals. The sad reality is that participants may have solid intentions of implementing mind-body interventions in their work but they are constantly juggling and prioritizing just to keep afloat. Likewise the priorities of the hospital that employs participants may be very different from what participants perceived as being important work with patients. For instance, the mandate for many hospitals is to provide medical treatment as efficiently as possible with a goal to quickly discharge patients, which can negate the importance of holistic care. One might argue that the irony however is that taking time to implement relaxation therapy and mindfulness meditation in their respective work settings may contribute in the long term to better coping, less hospitalization and more favourable patient outcomes. For the participants better self care by utilizing relaxation therapy or mindfulness practices may optimize insight, clarity and job fulfillment. The following interview excerpt from set two illustrates the reality of nephrology social workers being stretched to the limit:

I would say slowly I am doing more (self care) than I was doing. But you know that can depend on which week. This weeks a bit of a mad week for me, because I'm covering. I'm

doing coverage on a rehab ward, so I'm in dialysis, then upstairs doing rehab and discharge planning, so its not a good week this week but when I'm just doing my renal work its much easier to incorporate. I'm only part time in renal so I pick up different shifts from people who are on holidays. It's all inpatient work while the dialysis unit is outpatient.

Some participants also spoke of the reality of having assumed additional job responsibilities that negated their opportunity to implement skills acquired from the one-day workshop. One participant summarized:

I think it (relaxation therapy and mindfulness meditation) has made a difference because I do know that it works and I do aspire to use it more in my life and to use it with patients and family members. I'm thinking that when we get over the learning curve and dealing with the extra patients we have and when things settle down a little bit, if hopefully they do, then I'll be able to kind of focus on other ways of doing things a little bit more – it's just as it is now things have been a little too crazy lately.

Two participants conveyed cautious optimism that anticipated new nephrology space might provide more opportunity to put into practice many skills derived from the one-day workshop. They spoke about this providing them opportunity for more privacy, quiet space and presence right on the units.

Obstacles are poignantly summarized by one participant who stated "my office looked like some sort of tornado went through" and the office was not "conducive to even thinking about relaxing." Even given this typical scenario this participant stated that they had "every intention of getting there" with increased implementation as they believed in the merits of offering relaxation therapy and mindfulness meditation to patients and families having been directly influenced by the workshop.

Set Three of the Interviews

The third set of interviews occurred between December 29, 2011, and January 13, 2012. This was approximately three months after the October 1, 2011 workshop. This last set of interviews was conducted over a larger span of time due to the Christmas holiday season and several participants taking vacation time and not being easily available. Once again only one participant chose to conduct this interview utilizing Skype technology while the remaining participants choose telephone as the method of interview. Initially, 17 categories emerged in the first level coding of the analysis but as the analysis progressed the data was grouped into seven categories based on similarities and differences and subsequently named. Following this second level coding was completed and from that three themes emerged: (1) participants felt that the one-day workshop had significantly influenced practice and planned to continue to use these therapeutic modalities in future practice, (2) the practice of self-care continued to be important but had decreased, and (3) there continued to be obstacles hindering implementation. While the second set of interviews illustrated growth with implementation of the techniques, this levelled off in this third set of interviews.

Participants felt that the One-day Workshop had significantly Influenced Practice and Planned to Continue to use These Therapeutic Modalities in Future Practice. In general, participants expressed much gratefulness for the workshop experience as a whole and spoke about it as being “beneficial and meaningful” and appreciated it as being both “personally helpful and professionally helpful.” One participant shared “it will always be influencing me.” Another participant reported:

I found it very helpful in the moment when you were doing the workshop, you know in terms of experiencing the different types of relaxation, that was beneficial, and now being able to apply it in very concrete ways when people are experiencing high levels of anxiety.

Three participants articulated a reoccurring theme being that they found calls from the researcher to be influential as far as prompting them to "keep on track" and "offering them guidance and encouragement." One of these three participants suggested that the calls had an "added effect of the whole process" and that they viewed this as being favourable for learning. In this context calls from the researcher offered a vital link between the artificial learning environment of the conference setting and the real world thereafter helping to put theory into practice.

At this point of the study, five participants were eager to share stories about successful interventions with patients. Participants employed relaxation therapy techniques to assist patients with heightened anxiety, needle phobia, depression, crisis situations and life stressors. One participant stated "It's amazing... how easy it is to say 'ok well let's take some time; let's do some deep breathing' with people who are anxious and upset" in dialysis settings. This is further highlighted in the following participant excerpt:

So we went over a little bit about breathing from the belly ...using it at night when his mind is spinning and he's worried about going to dialysis ... it's the needles - it's the 16 gage needles - I can't blame him - I'd be anxious - so we talked a little bit about that and you know and a few minutes of deep breathing and being conscious of where the breath is coming from and using that to slow the heart rate down and slow the mind down. That was good and so we talked about focusing on one body part, clenching that then relaxing and to use that as a tool to be able to go to sleep for relaxation... it was positive

We started off with the deep breathing exercises and then did the progressive muscle relaxation, and then we moved on to visualization and he really found all of that very helpful.”

Not only does this quote illustrate successful integration of new skills into practice but it conveys an appreciation that this participant was clearly able to identify specific relaxation techniques that were utilized and reasons for using them. This attests to the confidence of the participant and illustrates the magnitude of influence derived from the workshop.

All participants in this set of interviews suggested that the workshop was “useful across the board” in working with the nephrology population. One participant was clear to suggest that the workshop “will probably be something that they will think of when working with people throughout their entire career as a social worker.”

Another participant described the workshop as being “influential” at a personal level:

I was really in a bad place and I’ve been slowly crawling my way out of it. It’s because I’m using these techniques to manage my anxiety, to manage those physical manifestations of all the junk going on in my brain and really trying to listen to my body. I can do that best when I’m using some of these techniques.

Another participant stated that they “felt a little more competent” and that acquiring skills in relaxation therapy and mindfulness meditation gave them “something to offer” to their patients rather than the daily instrumental tasks that they viewed as important but stagnant and professionally unfulfilling. One participant shared that the workshop had influenced their “sense of confidence” in doing “therapy” that they previously would have shunned away from due to feelings of inadequacy and low confidence. This same participant stated:

I would have previously had the tendency to sort of look to other disciplines... maybe psychology, not that I didn't think social workers as a profession could offer relaxation therapy, but I might have been less inclined to think that I personally could.

One participant was able to articulate that the patient and the nephrology social worker simultaneously benefited when relaxation therapy and mindfulness meditation was implemented into professional practice. Although this theme was only discussed by one study participant, it carries significance as it addresses enhanced therapeutic presence and illustrates the depth that these modalities can bring to the therapeutic relationship. Once again it reflects what the literature suggests. The following participant excerpt begins to examine the intimacy of such therapeutic encounters:

Even while you're doing the exercise - the visualization for example, its reinforcing that's necessary for all of us, not just for this person and its meditative in its own right you know. It's like you're going on the journey.

Five participants felt that the one-day workshop had significantly influenced practice and planned to continue to use these therapeutic modalities in future practice reiterating that they hoped for "totally unconscious" incorporation of relaxation therapy and mindfulness meditation approaches in their practice and personal care. They expressed a desire to seamlessly employ these skills from the workshop without purposefully feeling that they were making "a conscious effort." They realized that this necessitated practice both personally and professionally.

Additionally several participants hoped for team engagement so that relaxation therapy and mindfulness meditation would become integrated into the patient plan of care and that they would feel supported with implementation and this expanded scope of practice.

The Practice of Self-care Continued to be Important but had Decreased. Once again this third set of interviews demonstrated that participants continued to recognize the value of the workshop that “definitely expanded knowledge about relaxation therapy and mindfulness meditation, and how to incorporate it not only in practice but in self care.” All eight participants confirmed during this period that they were still using many of the tools derived from the workshop for self care. Three participants indicated that they were using techniques less frequently. One participant equated less usage to having been off on holidays for two weeks and not being highly stressed at work. The other two participants cited not taking the time as interfering in this process. One participant depicted this as follows:

Well all along for me it has been most helpful with managing my own stress and workload as it applies to my personal well being and practice. I must admit that in December I was spiralling a little bit and not using the practices as much as I know would be helpful to me. I got into ... one of those scenarios where I felt like I was too busy to take the time, even though I knew that taking the time would help me feel much better.

All participants continued to reiterate a clearer understanding of how important self care was following the workshop and one participant described the workshop as “a reminder to getting back to” self care and as an opportunity “to try some new techniques”.

Four participants suggested that relaxation therapy and mindfulness meditation were effective tools that had the potential to be restorative to help nephrology social workers:

Since I have been really busy, at work and I leave feeling completely stressed out I have been in thinking more of how I can relax when I get home. So I've been doing breathing techniques to help relax and doing visualization for my self care. I think [the workshop] it has impacted that and has helped that resilience in the fact that I have come home and laid

down for five minutes and then feel that I can go on and I can keep going, and I can actually go to work the next day and not feel stressed.

One participant emphatically stated "it's something to calm you down, something to calm your mind and your heart down when you've had a long busy day and we like to leave work at work."

Another participant shared "when I find myself getting into my manic mode – that's when I start to spin, I say "ok, it's time to take some time out and do the things you need to do to look after yourself." All of these examples bring to light a fresh recognition by participants of how important self care is. Perhaps the workshop planted the seed for this metamorphosis to occur.

One participant described how guided imagery was helpful for personal well being:

I was using the white visualization a lot yesterday, one of the things that felt like it was helping my headaches. I was really picturing soothing the pain and breathing in the light and breathing out the pain, and that seemed to help quite a bit.

One participant felt that the workshop had been an impetus for establishing more balance in her life and shared where she would like to take these new skills in the future:

(Long pensive pause) A year from now (pause) I would hope that I give myself at least 15 minutes a day, to do this for myself and to use whichever technique it is, but 15 minutes out of the day is not a lot and if I could be doing that consistently. I haven't figured out yet what the best time for me is. I've tried first thing in the morning before everybody else is up, and I've tried before bed and I haven't figured out which seems to work best for me, but I would like to be doing that for myself, thinking that that's really going to help my overall practice in terms of well being and balance and managing stress.

It is interesting to note that four participants indicated an interest in pursuing the area of mindfulness meditation for enhanced self care. Mindfulness meditation allows for one to be

present with oneself. It is easy to understand then how it might be intriguing for participants to wish to continue with this unfolding of self through mindfulness meditation to assist with self care.

There Continued to be Obstacles Hindering Implementation. Given the short time frame of this project, it is not surprising that the participants experienced little change in the obstacles that were impeding their use of relaxation techniques and mindfulness-based methods. Three participants continued to discuss obstacles and once again made reference to limited time, inadequate space, and workload demands as major hindrances. One participant shared:

December has been a horrible month... I haven't really over the last month actually had any situations where I actually practiced the relaxation or whatever with the patient. It's been a crazy month; I just unfortunately haven't had the time, which I know is a bad excuse.

This was echoed by another participant articulated that at "different times of the year there are different pressures" and this contributes to "putting relaxation therapy and mindfulness meditation on hold because... you have to quickly address the problem that is happening."

Another participant shared:

It's been hectic around here, coming over Christmas. Were back at work now, all of us and things are starting to ramp up again. Beds are being filled that had been emptied prior to Christmas and prior to Christmas we were short handed so I'm not doing any of the extra stuff that I would like to do.

Obstacles continued to be apparent but all participants sought to expand their practice and self care to include mind-body interventions in some capacity.

In summary, although this final set of participant interviews substantiated the influence of the workshop on professional practice and self care this was tempered by the reality of busy high-

paced demanding environments in which nephrology social workers are immersed. The final chapter of this study will summarize research findings, address the strengths and limitations of the study, explore the implications for nephrology social work practice, and suggest possible directions for further research.

Chapter 4 - Summary and Conclusion

This study used a qualitative method to explore the value of a one-day educational workshop on relaxation therapy and mindfulness meditation for Canadian nephrology social workers. The study was set to determine if the workshop had any influence on future professional practice and if so, in what ways? The workshop entitled *A Citadel in Turbulent Times: Relaxation Methods that Foster Resilience in Nephrology Social Work Practice* was designed to examine mind-body interventions and to understand the purpose, function and application in the nephrology psychosocial context. The clinical modalities, relaxation therapy and mindfulness meditation, are researched therapeutic interventions that provide evidence of effectiveness in a variety of patient populations. This workshop provided a venue for nephrology social workers to experience a variety of relaxation therapy and mindfulness meditation exercises essential for increased awareness and understanding for optimal application. It was hoped that this workshop would have provided attendees with an opportunity to network, exchange ideas and build confidence to include these therapeutic modalities as a regular part of their clinical forte. Furthermore it was hoped that the workshop would help nephrology social workers understand the influence of relaxation therapy and mindfulness meditation as a mechanism for self care, resilience and joy in the practice of nephrology social work.

To assess the long-term influence of the workshop on nephrology social workers, I developed a semi structured interview schedule and interviewed eight members of the Canadian Association of Nephrology Social Workers who had completed the full day workshop. Three interviews with each participant were conducted over the span of four months following the conference workshop.

If the data were considered as a whole, the key findings from this study suggest that the workshop did have an impact on professional practice, (2) the workshop had an impact on self care, and (3) amid obstacles to implementation nephrology social workers wanted to expand their current scope of practice to include relaxation therapy and mindfulness meditation.

The findings from this study suggest that the skills and knowledge acquired from participation in the workshop had a direct impact on professional practice of the nephrology social workers in several ways. Firstly, all participants who enrolled in the study successfully implemented relaxation therapy techniques and some mindfulness meditation practices into their practice with nephrology patients (such as body scan), and the feedback from patients was consistently positive. Throughout the course of the study all participants viewed the workshop as being valuable even when obstacles negated desired implementation. Relaxation therapy techniques seemed to be preferred by the majority of participants over mindfulness meditation practice with patients as participants perceived relaxation therapy techniques as being easier to understand as well as to manoeuvre as novice practitioners eager to implement newly acquired skills. Participants seemed to favour the use of deep breathing techniques, autogenics, progressive muscle relaxation and safe place visualization targeted mainly to patients with high anxiety anticipating or on hemodialysis. Additionally participants found these therapeutic modalities to be very helpful for patients who suffered with an aversion to needles, a condition that is frequent and undesirable, and deters from enhanced quality of life for persons who require this life sustaining treatment. Some participants did incorporate mindfulness meditation fundamental practices of body scan and breathing meditation into their work with patients but most participants gravitated to employing relaxation techniques due to ease, comfort and perhaps an unspoken need to feel that their intervention was successful. It must be considered that

mindfulness meditation is a more nebulous concept to grasp for participants who were just beginning to increase confidence with provision of skills from the workshop. Many proponents of mindfulness meditation suggest that in order to understand and teach mindfulness meditation, one must immerse oneself in it through daily practice and lived experience (Baer, 2006; Kabat-Zinn, 1990; Palmer & Parker, 1998; Woods, 2009). In keeping with this thought, it might have been unreasonable to expect that participants feel comfortable enough to teach key concepts of mindfulness practice with passion and confidence when they were still novices themselves trying to acquire a basic understanding of it. Additionally, mindfulness meditation necessitates attitudinal prerequisites that include a non-judging mind, patience to simply observe and be, a beginners mind that is open and willing to see everything for the first time, trust in your intuition, nonstriving, acceptance of things as they actually are and letting go also known as nonattachment (Carlson & Speca, 2010).

Participants agreed to be part of this study with a specific goal of examining the influence of the workshop on professional practice. Many study participants may have also had personal self imposed goals. In essence one might argue that since this study was goal driven and participants were expected to implement new techniques into their practice for measurable outcome that this is incongruous to the pedagogy of mindfulness meditation (Wong, 2004). Furthermore it is easy to understand how mindfulness meditation could be more daunting for participants trying to feel good about their progress through perceived successful implementation. It makes sense then that within the domain of their personal life that study participants gravitated to informal mindfulness meditation practice rather than through formal sitting practice. Generally participants shared that the workshop helped them to revisit the importance of the notion that in order to take care of others one must be kind to oneself. Participants purchased books and discs

on mindfulness meditation and indicated an eagerness to enhance their understanding of this modality. Participants implemented the practice of awareness to the breath, mindfulness eating, mindfulness walking and appreciation of the moment into their personal self care.

Secondly, those participants who did engage in either relaxation therapy or mindfulness meditation for self care suggested that this practice was helpful in reminding them to slow down, which resulted in them being less reactive, more in control and less vulnerable to the demands of daily social work practice. This outcome is consistent with the literature regarding the benefits of mindfulness meditation (Schure, Christopher, & Christopher, 2008; O'Driscoll, 2009; Brown and Ryan, 2003; McCollum and Gehart, 2010; Shapiro, Brown, & Biegel, 2007; May and O'Donovan, 2007). One study participant was at a crossroads and experiencing a personal crisis at the time of the workshop, having had a history of anxiety and depression. This participant attributed the workshop to helping them to heal. Christopher et al. (2011) has also concluded that mindfulness training can have a long term positive influence on helping professionals' personal and professional lives.

Initially following the workshop nephrology social workers implemented relaxation therapy and mindfulness practices as part self care, with fervour, but as time passed the ritual of taking care of oneself faded as seasonal caseload demands escalated. The workshop did however give credence to the importance of self care and was instrumental in motivating nephrology social workers to reflect and commit to future self care prioritization and planned change. Two participants made resolutions to combat workplace demands by taking better care of themselves. One participant committed to setting aside 15 minutes a day for self care. Additionally several participants practiced relaxation therapy and mindfulness meditation in their personal life with friends and family members and this seemed to provide them with a fertile ground for practice,

confidence and skill building. As nephrology social workers we work from a systems approach to patient care. The application of a systems approach to self care for the nephrology social worker makes sense to include loved ones and will likely have a positive spin off benefit for the nephrology social worker. Pruitt and McCollum (2010) suggest that mindfulness meditation has a profound effect on the mediators and that has positive benefits for those close to the mediator.

Thirdly, participants recognized the acquirement of relaxation therapy and mindfulness meditation skills as being an opportunity for enhanced job fulfillment, justification of service, and a heightened nephrology social work profile within their organizations. Finger and Arnold (2008) suggest that for future marketability and survival social workers in health care must move from beyond their traditional role to expand their scope of practice to include mind-body interventions. Merighi (2004) supported this study's findings that many nephrology social workers are not being used to their full potential and are searching for greater fulfilment in their role. Participants shared that they felt empowered by the implementation of skills derived from the workshop into their practice. For many this workshop solidified their stance that they could do more than simply instrumental tasks with patients and families. Many participants viewed relaxation therapy and mindfulness meditation as being well suited "tools" to social work and they welcomed the opportunity to implement both into practices. Gallant (2005) suggests that incorporation of relaxation and breathing exercises into practice can be beneficial to clients and a relevant tool for social workers. Participants suggested that the acquirement and implementation of these skills validated their credibility and unique contribution to the nephrology circle of care. Participants welcomed the opportunity to implement relaxation therapy and mindfulness meditation into their practices as in their view the acquirement of these skills reinforced their

ability to do something that they perceived as being therapeutic and this was both empowering and satisfying.

All participants viewed relaxation therapy and mindfulness meditation as being worthwhile and important enough to warrant gradual immersion into their daily work with patients and families. In order to achieve this goal, participants acknowledged that they needed to practice these skills frequently, be patient with themselves during the interim and dedicate time to using these mind-body interventions for self care and reflection. Some participants recognized that they were their biggest hindrance to implementation in this regard. Finger and Arnold (2008) supported this notion that social workers have the capability of incorporating relaxation techniques into their frontline practice with additional training as well as a commitment to use relaxation techniques for personal care.

Fourthly, in nephrology social work, there were significant barriers to implementation of skills derived from the one-day workshop. These included insufficient quiet and private space conducive for optimal implementation; lack of dedicated time due to unmanageable workload demands; and lack of physical comfort due to inadequate seating and less than ideal environmental conditions that often included poor proximity to patients. Participants suggested that in order for progress to be made in offering these therapeutic modalities, obstacles needed to be articulated, addressed and alleviated. Many participants were physically situated away from their patients and this made it difficult to implement workshop skills into practice.

Implementation was further challenged by a population of patients who must frequent dialysis thrice weekly for the remainder of their lives or until kidney transplant who are eager to receive treatment and leave the hospital setting. It is my experience that many patients simply want to make the dialysis treatment regime as simple as possible, which often means getting

treatment and getting home. Nephrology social workers frequently struggle in trying to institute successful group work in their work settings due to this pattern.

Surprisingly many participants shared office space and this was suboptimal. Several participants spoke of having inherited more job responsibilities that prohibited them from having adequate time required to do relaxation therapy and mindfulness meditation. This study took place prior to and during the Christmas holiday season which usually means increased nephrology patient crises and workload demands. It is easy to understand how this factor may have influenced implementation and possibly study results.

Lastly, the most unexpected outcome of this study was the positive impact that this researcher's calls seemed to have on study participants. It became apparent that the monthly calls were not only helpful in encouraging participants to meet personal expectations of applying workshop knowledge and skills into practice but that these calls actually provided an opportunity for consultation, encouragement and validation. None of the participants missed calls during the entire study and all participants concluded that the study was both enjoyable and appreciated. This appears to indicate that regularly scheduled follow-up after a one-day training workshop in relaxation and mindfulness-meditation practices may assist workshop participants to integrate these methods into their professional and personal lives. The experiences described by participants are consistent with the limited literature that generically examines the influence of relaxation therapy and mindfulness meditation on professional practice and self care domains.

Study Strengths

This study had several strengths that made it meaningful. This study represents a valuable contribution to the literature as there is nothing previously published that I am aware of that specifically examines the influence of a one-day workshop on relaxation therapy and mindfulness

meditation for nephrology social workers. This study typifies the importance of using relaxation therapy and mindfulness meditation for optimal patient and nephrology social work functioning. Furthermore this study suggests the value of a one-day workshop with systematic follow up for participants as a valid mechanism for learning. This study is also helpful as it exemplifies the significance of self care for nephrology social workers and suggests the need for further scientific inquiry to examine why self care is so essential for this profession in the first place. Hopefully this study will provide nephrology social workers with continued evidence required to substantiate the arguments for further education on this topic as well as garner support from colleagues and superiors for implementation and continued funding. In future, it would be interesting to study if training in these methods helps nephrology social workers to deal with workplace stresses.

This study has provided an opportunity for nephrology social workers to reflect about current personal and professional practice while strategizing about new ways to bring relaxation therapy and mindfulness meditation to both domains. This study supports the notion of nephrology social workers filling a void in service to existing nephrology programs that frequently look outside of the team for these therapeutic services. Given the present funding cuts to health care this study might also assist nephrology social workers to gain fiscal support from their programs for continued education in this area by simply diverting funds into nephrology social work education that otherwise might have been slated for purchase of service. Lastly it is hoped that this study will lay the foundation for future networking, consultation and collaboration for nephrology social workers who wish to refine skills in these mind-body interventions and expand scope of practice.

Study Limitations

This study had several limitations that should be considered when planning future research. First, the study used participants who independently decided to participate in the workshop; therefore, a limitation of the study could be self-selection bias. Participants of the study were predominately female, Caucasian, masters prepared nephrology social workers therefore there are limits to the generalizability of the findings to individuals from other racial/ethnic/academic backgrounds or across genders. The study participants consisted of a cross sample of nephrology social workers from eastern, central and western Canada; however, three participants were from the same geographical area and were members of the conference planning committee. A deficiency might be that they expressed many of the same experiences and ideas possibly skewing study results. It should be noted that the CANSW conference planning committee members actually sought and invited me to present on this topic, so it may be argued that they had preconceived expectations of what the workshop would deliver expecting that it would be successful in order to justify costs associated to the membership to whom they are accountable. This also indicates their interest in the topic which may not be shared by the broader membership.

I was both presenter and researcher so it may be argued that my bias and power influenced interpretation of results. Workshop participants might have felt inclined to speak positively about the workshop and the influence of relaxation therapy and mindfulness meditation skills on their practice in order to please or for fear of being criticized. Furthermore I was known to some of the study participants so professional reputation and familiarity might have subjectively influenced the study results. Furthermore, the workshop title *A Citadel in Turbulent Times: Relaxation Methods that Foster Resilience in Nephrology Social Work Practice* might have been suggestive to study participants depicting a workshop that was expected to yield resilience and positive

results. It would be interesting to have this study replicated by an independent researcher who is not a nephrology social worker, a member of CANSW and who has no vested interest in the workshop. Given all of these limitations to the study I made stringent attempts not to influence or use my power to alter the direction of the study or cause any harm to participants. One last flaw of the study is that the workshop may have been too overzealous to attempt to teach such a breadth of knowledge about both relaxation therapy and mindfulness meditation in one day. In hindsight I believe that although it was my intention to teach as many of these interventions as possible that it would be more preferable to perhaps tackle relaxation therapy and mindfulness meditation separately and to allow for mindfulness meditation to be taught over the span of 5-7 days in order to allow for key concepts to be more fully understood and experienced.

Implications for Future Research

The themes identified in this study suggest implications for future research endeavors in the area of psychosocial nephrology. This study suggests that a one-day workshop on relaxation therapy and mindfulness meditation for nephrology social work participants had a positive influence on professional practice. But perhaps most salient was the theme that many nephrology social workers who participated in the study attended the workshop looking for modalities that would not only assist them as practitioners but also in search of a solution to their own self care. Many participants attended this workshop in search of methods that would enhance self care. Continued qualitative inquiry might examine why nephrology social workers are under such stress and why they have this need for knowledge about enhanced self care. This type of research could promote nephrology social work wellness through prevention. We know that nephrology social workers are under much stress due to unmanageable workloads, the rigors of dealing with patients and families who are shackled by the devastation of CKD, and the dissatisfaction with

professional role identification. We know that nephrology social workers are not utilized to their full capacity, being frequently called upon to do excessive paperwork, manage instrumental tasks and rectify conflicts that are endless in dialysis units. A closer examination of nephrology social work self worth and confidence though personal reflection would be a poignant area of future study that might be helpful to the profession. Also, the findings of this study seem to indicate that incorporating skills in relaxation therapy may help nephrology social workers to stake out a more solid professional identity within the hospital context.

Additionally this study demonstrated that nephrology social workers had a keen interest in acquiring more knowledge and practice of mindfulness meditation for self care. It would be very interesting to have nephrology social workers complete an 8-week MBSR program and then to examine the impact of this program on professional and personal domains. Likewise future qualitative research examining the influence of an 8-week MBSR program directed to patients with CKD would be rich considering that to date there is no published literature in this area.

References

- Adams, S., Camarillo, C., Lewis, S., & McNish, N. (2010). Resiliency training for medical professionals. *U.S. Army Medical Department Journal*, 48-55. Retrieved from EBSCOhost.
- Ali, U., & Hasan, S. (2010). The effectiveness of relaxation therapy in the reduction of anxiety related symptoms (A case study). *International Journal of Psychological Studies*, 2(2), 202-208.
- Allen, N., Chambers, R., Knight, W., Blashki, G., Ciechomski, L., Hased, C., et al. (2006). Mindfulness-based psychotherapies: A review of conceptual foundations, empirical evidence and practical considerations. *Australian & New Zealand Journal of Psychiatry*, 40(4), 285- 294. doi:10.1111/j.1440-1614.2006.01794.x.
- Back, A. L., Bauer-Wu, S., Rushton, C. H., & Halifax, J. (2009). Compassionate silence in the patient-clinician encounter: A contemplative approach. *Journal of Palliative Medicine*, 12(12), 1113–1117. doi:10.1089/jpm.2009.0175
- Baer, R. (2006). *Mindfulness-based treatment approaches: Clinician's guide to evidence base and applications*. London, UK: Academic Press.
- Barnes, P., Bloom. & Nahin, R. (2008). CDC National Health Statistics Report #12. Complimentary and alternative medicine use among adults and children: United States, 2007. December 2008
- Bell, L. G. (2009). Mindful psychotherapy. *Journal of Spirituality in Mental Health*, 11(1), 126-144. doi: 10.1080/19349630902864275
- Bernstein, D.A., & Borkovec, T.D. 1973. *Progressive Relaxation Training*. Champaign, Illinois: Research Press.

Carlson, L.E., & Speca, M. (2010). *Mindfulness-based cancer recovery: A step-by-step MBSR approach to help you cope with treatment and reclaim your life*. Oakland, CA: New Harbinger Publications.

Bertisch, S. M., Wee, C. C., Phillips, R. S., & McCarthy, E. P. (2009). Alternative mind-body therapies used by adults with medical conditions. *Journal of Psychosomatic Research*, 66(6), 511-519. doi:10.1016/j.jpsychores.2008.12.003

Bishop, S.R. (2004). Mindfulness: A proposed operational definition. *Clinical Psychology: Science & Practice*, 11(3), 230-241.

Bränström, R., Kvillemo, P., Brandberg, Y., & Moskowitz, J. T. (2010). Self-report mindfulness as a mediator of psychological well-being in a stress reduction intervention for cancer Patients—A randomized study. *Annals of Behavioral Medicine*, 39(2), 151-161. doi:10.1007/s12160-010-9168-6

Brown, K. W., & Ryan, R. M. (2003). The benefits of being present: Mindfulness and its role in psychological well-being. *Journal of Personality & Social Psychology*, 84(4), 822-848. doi:10.1037/0022-3514.84.4.822

Brenner, M. J. (2009). Zen practice: A training method to enhance the skills of clinical social workers. *Social Work in Health Care*, 48(4), 462-470. doi: 10.1080/00981380802589860

Canadian Institutes of Health Research, Natural Sciences and Engineering Research Council of Canada, and Social Sciences and Humanities Research Council of Canada. (December 2010). *Tri-council policy statement: Ethical conduct for research involving humans*.

Carlson, L. E., & Bultz, B. D. (2008). Mind-Body interventions in oncology. *Current Treatment Options in Oncology*, 9, 127.

- Carlson, L.E., & Speca, M. (2010). Mindfulness-based cancer recovery: A step-by-step MBSR approach to help you cope with treatment and reclaim your life. Oakland, CA: New Harbinger Publications.
- Cassileth, B.R., & Deng, G. (2004). Complementary and alternative therapies for cancer. *The Oncologist*, 9, 80.
- Caudill, M.A. (2002). *Managing Pain Before It Manages You (Revised Edition)*. New York (NY): The Guilford Press.
- Chan, C. L. W., Ng, S. M., Ho, R. T. H., & Chow, A. Y. M. (2006). East meets west: Applying eastern spirituality in clinical practice. *Journal of Clinical Nursing*, 15(7), 822-832.
doi:10.1111/j.1365-2702.2006.01649.x
- Coar L, S. J. (2006). Interviewing one's peers: Methodological issues in a study of health professionals. *Scandinavian Journal of Primary Health Care*, 24, 251.
- Creswell, J. (2007). *Qualitative inquiry and research design*; (Second ed.) Sage Publications Ltd.
- Creswell, J. (2009). *Research design: Qualitative, quantitative, and mixed methods approaches* (3rd ed.). Thousand Oaks, California: SAGE.
- Christopher, J. C., Chrisman, J. A., Trotter-Mathison, M., Schure, M. B., Dahlen, P., & Christopher, S. B. (2011). Perceptions of the long-term influence of mindfulness training on counselors and psychotherapists: A qualitative inquiry. *Journal of Humanistic Psychology*, 51(3), 318-349. doi:10.1177/0022167810381471
- Cukor, D., Cohen, S., Peterson, R., & Kimmel, P. (2007). Psychosocial aspects of chronic disease: ESRD as a paradigmatic illness. *J Am Soc Nephrol*, 18, 3042. doi:10.1681/ASN.2007030345

- Curry, H. (2000). *The Way of the Labyrinth*. New York, Penguin Compass.
- Davison, J. (2004). Dilemmas in research: Issues of vulnerability and disempowerment for the social Worker/researcher. *Journal of Social Work Practice*, 18(3), 379-393.
- Dayes, J. E. (2011). Myalgic encephalomyelitis/ chronic fatigue syndrome: A discussion of cognitive behavioural therapy, mindfulness, and mindfulness-based cognitive therapy. *Counselling Psychology Review*, 26(2), 70-75.
- Duarte, P.S., Miyazaki, M.C., Blay, S.L., & Sesso, R. (2009) Cognitive-behavioral group therapy is an effective treatment for major depression in hemodialysis patients CBT for ESRD patients with depression. *Kidney International* 76, 414-421 (August (2) 2009)
| doi:10.1038/ki.2009.156
- Dusek, J. A., Hibberd, P. L., Buczynski, B., Bei-Hung Chang, Dusek, K. C., Johnston, J. M., Wohlhueter, A.L., Benson, H., & Zusman, R. M. (2008). Stress management versus lifestyle modification on systolic hypertension and medication elimination: A randomized trial. *Journal of Alternative & Complementary Medicine*, 14(2), 129-138.
doi:10.1089/acm.2007.0623
- Fernros, L., Furhoff, A.K., & Wändell, P.E. (2008). Improving quality of life using compound mind-body therapies: evaluation of a course intervention with body movement and breath therapy, guided imagery, chakra experiencing and mindfulness meditation. *Qual Life Res.*, 17(3), 367-76.
- Finger, W., & Arnold, E. (2002). Mind-Body Interventions: Applications for Social Work Practice. *Social Work in Health Care*, 35(4), 57-78. Retrieved from EBSCOhost.
- Firth, J. C. (2001). Interventions to improve physicians' well-being and patient care *Soc Sci Me*, 52, 215-22.

- Fliss, E. M. M., Emma Murphy, & Neil S. Sheerin. (2008). Illness trajectories: An important concept in the management of kidney failure. *Nephrology Dialysis Transplantation*, 23(12), 3746-3746.
- Galantino, M., Baime, M., Maguire, M., Szapary, P., & Farrar, J. (2005). Association of psychological and physiological measures of stress in health-care professionals during an 8-week mindfulness meditation program: Mindfulness in practice. *Stress & Health: Journal of the International Society for the Investigation of Stress*, 21(4), 255.
- Gallant, W., Holosko, M., & Gallant, M. (2005). Using bio-spiritual music focused energetics for social workers to enhance personal identity and professional transformation: The power of self-reflective empathy. *Critical Social Work*, 6(2).
<http://www.uwindsor.ca/criticalsocialwork/using-bio-spiritual-music-focused-energetics-for-social-workers-to-enhance-personal-identity-and-pro>
- Garland, E. L. (2007). The meaning of mindfulness: A second-order cybernetics of stress, metacognition, and coping. *Complementary Health Practice Review*, 12 (15), 15-30, doi: 10.1177/1533210107301740
- Geffen, J. R. (2004). Creating Optimal Healing Environments for Patients with Cancer and Their Families: Insights, Challenges, and Lessons Learned from a Decade of Experience. *Journal Of Alternative & Complementary Medicine*, 10S-93-S-102.
- Gregg, J. A., Callaghan, G. M., Hayes, S. C., & Glenn-Lawson, J. L. (2007). Improving diabetes self-management through acceptance, mindfulness, and values: A randomized controlled trial. *Journal of Consulting & Clinical Psychology*, 75(2), 336-343. doi:10.1037/0022-006X.75.2.336

Gross, C. R., Kreitzer, M., Russas, V., Treesak, C., Frazier, P. A., & Hertz, M. I. (2004).

Mindfulness meditation to reduce symptoms after organ transplant: A pilot study. *Advances In Mind-Body Medicine*, 20(2), 20-29.

Gordon, J. S. (2008). Mind-body medicine and cancer. *Hematol Oncol Clin North Am.*, 22(August), 683.

Gause, R., & Coholic, D. (2010). Mindfulness-based practices as a holistic philosophy and method. *Currents: New Scholarship in the Human Services*, 9(2), 1-23.

Gyatso, T., & Ekman, P. (2008). *Emotional awareness: Overcoming the obstacles to psychological balance and compassion*. New York: Times Books, Henry Holt and Company.

Hasenkamp, W., & Barsalou, L. W. (2012). Effects of meditation experience on functional connectivity of distributed brain networks. *Front Hum Neurosci.*, 6(38), 1-14

Hick, S.F., (2009). *Mindfulness and Social Work*. Chicago, Ill: Lyceum Books, Inc.

Hölzel, B. K., Carmody, J., Vangel, M., Congleton, C., Yerramsetti, S. M., Gard, T., & Lazar, S. W. (2011). Mindfulness practice leads to increases in regional brain gray matter density. *Psychiatry Research: Neuroimaging Section*, 191(1), 36-43.

doi:10.1016/j.psychresns.2010.08.006

Hutchinson, T. A. (2005). Transitions in the lives of patients with end stage renal disease: A cause of suffering and an opportunity for healing. *Palliative Medicine*, 19(4), 270-277. doi: 10.1191/0269216305pml028oa

Jacobsen, P. B. and Jim, H. S. (2008), Psychosocial Interventions for Anxiety and Depression in Adult Cancer Patients: Achievements and Challenges. *CA: A Cancer Journal for Clinicians*, 58, 214-230. doi: 10.3322/CA.2008.0003

IDEA Health & Fitness Source, April 2004 v22 i4 p 80(1) Relaxation 101

Integration of behavioral and relaxation approaches into the treatment of chronic pain and

insomnia. NIH Technology Assessment Panel on Integration of Behavioral and Relaxation

Approaches into the Treatment of Chronic Pain and Insomnia. JAMA.1996; 276:313 –318.

Interagency Advisory Panel on Research Ethics. (2006). *Qualitative research in the context of the*

TCPS (Government of Canada publication). Ottawa: Government of Canada.

Jain, S., Shapiro, S. L., Swanick, S., Roesch, S. C., Mills, P. J., Bell, I., & Schwartz, G. R.

(2007). A Randomized Controlled Trial of Mindfulness Meditation Versus Relaxation

Training: Effects on Distress, Positive States of Mind, Rumination, and Distraction. *Annals*

Of Behavioral Medicine, 33(1), 11-21. doi:10.1207/s15324796abm3301_2

Jeanfreau, S. G., & Jack Jr., L. (2010). Appraising qualitative research in health education:

Guidelines for public health educators. *Health Promotion Practice*, 11(5), 612-617. doi:

10.1177/1524839910363537

Johns, C. (2008) Passing people by (why being a mindful practitioner matters). *Journal of*

holistic healthcare, 5 (2), 37-42

Kabat-Zinn, J. (1994). *Wherever you go, there you are: Mindfulness meditation*

in everyday life. New York, NY: Hyperion.

Kabat-Zinn, J. (1990). *Full catastrophe living*. New York, NY: Delta.

Kierans, C. M., & Maynooth, N. U. I. (2001). Sensory and narrative identity: The narration of

illness process among chronic renal sufferers in Ireland. *Anthropology & Medicine*, 8(2),

237-253. doi: 10.1080/13648470120101381

Kearney, D. J., McDermott, K., Martinez, M., & Simpson, T. L. (2011). Association of

participation in a mindfulness programme with bowel symptoms, gastrointestinal symptom-

specific anxiety and quality of life. *Alimentary Pharmacology & Therapeutics*, 34(3), 363-

373. doi:10.1111/j.1365-2036.2011.04731.x

Kornfield, J. (2008). *The wise heart* (first ed.). New York, New York: Bantam Dell.

Ladas, E. J., Post-White, J., Hawks, R. (2006). Evidence for symptom management in the child

with cancer [Complementary and Alternative Medicine] *Journal of Pediatric Hematology*

/Oncology, 28(9), 601-615

La Torre, M. (2001). Integrated Perspectives. *Perspectives In Psychiatric Care*, 37(3), 103-106.

Liamputtong, P. (2006). *Researching the vulnerable: A guide to sensitive research methods* Sage

Publications Ltd.

Le Grange, L., & Beets, P. (2005). (Re)conceptualizing validity in (outcomes-based) assessment.

South African Journal Of Education, 25(2), 115-119.

Lord, S. (2010). Meditative dialogue: Cultivating sacred space in psychotherapy - an

intersubjective fourth? *Smith College Studies in Social Work*, 80, 269 - 285.

Luebbert, K., Dahme, B., & Hasenbring, M. (2001). The effectiveness of relaxation training in

reducing treatment-related symptoms and improving emotional adjustment in acute non-

surgical cancer treatment: A meta-analytical review. *Psycho-Oncology*, 10(6), 490-502.

doi:10.1002/pon.537

Manzoni, G., Pagnini, F., Castelnovo, G., & Molinari, E. (2008). Relaxation training for

anxiety: a ten-years systematic review with meta-analysis. *BMC Psychiatry*, 81-12.

doi:10.1186/1471-244X-8-41

Mate, G. (2003). *When the body says no* (Vintage Canada Edition 2004 ed.). Toronto, ON:

Vintage Canada.

- O'Mara, Eileen McCabe. (2006, May 1). A counselor's own 'treatment plan': professionals must act when countertransference moves them perilously close to burnout *The Free Library*. (2006). Retrieved April 16, 2012 from [http://www.thefreelibrary.com/A counselor's own 'treatment plan': professionals must act when...-a0146679208](http://www.thefreelibrary.com/A+counselor's+own+'treatment+plan':+professionals+must+act+when...-a0146679208)
- McCollum, E. E., & Gehart, D. R. (2010). Using mindfulness meditation to teach beginning therapists therapeutic presence: A qualitative study. *Journal of Marital & Family Therapy*, 36(3), 347-360. doi:10.1111/j.1752-0606.2010.00214.x
- Merighi, J. (2004). Workplace resources, patient caseloads, and job satisfaction of renal social workers in the united states *Nephrology News and Issues*, 18(5), 58-68.
- Merighi, J. R., & Ehlebracht, K. (2005). Emotional exhaustion and workload demands in renal social work practice. *Journal of Nephrology Social Work*, 24, 14-20.
- Merighi, J.R., Browne, T., & Bruder, B.A. (2010). Caseloads and salaries of nephrology social workers by state, ESRD network, and National Kidney Foundation region: Summary findings for 2007 and 2010. *The Journal of Nephrology Social Work*, 34, 9-51.
- Merkes, M. (2010). Mindfulness-based stress reduction for people with chronic diseases. *Australian Journal of Primary Health*, 16(3), 200.
- Mertens, D. M., & Ginsberg, P. E. (2008). Deep in Ethical Waters: Transformative Perspectives for Qualitative Social Work Research. *Qualitative Social Work*, 7(4), 484-503. doi:10.1177/1473325008097142
- Miller, W. (2010) Qualitative research findings as evidence: Utility in nursing practice. *Clin Nurse Spec*. 2010 Jul-Aug; 24(4): 191-193. doi: 10.1097/NUR.0b013e3181e36087

- Morone, N. E., Greco, C. M., & Weiner, D. K. (2008). Mindfulness meditation for the treatment of chronic low back pain in older adults: A randomized controlled pilot study. *Pain* (03043959), 134(3), 310-319. doi:10.1016/j.pain.2007.04.038
- Munson, M. (August 2002). Just a little prick—Dealing with needle anxiety. *FORGE (For Ourselves: Reworking Gender Expression)*, 1-8.
- NCAM National Center for Complementary and Alternative Medicine. (July 2011). What is complimentary and alternative medicine. In NIH National Library of Medicine's MedlinePlus. Retrieved March 31, 2012, from <http://nccam.nih.gov/health/whatisncam#mindbody>.
- National Comprehensive Cancer Network. (2007). Clinical practice guidelines in oncology: Distress management (v.1.2008). Retrieved November 9, 2007, from http://www.nccn.org/professionals/physician_gls/PDF/distress.pdf
- Nixon, S., & Murr, A. (2006). Practice learning and the development of professional practice. *Social Work Education*, 25(8), 798-811. doi:10.1080/02615470600915852
- O'Donovan, A. & May, S. (2007). The advantages of the mindful therapist. *Psychotherapy in Australia*, 13(4), 46-53.
- O'Driscoll, A. (2009). The growing influence of mindfulness on the work of the counselling psychologist. A review. *Counselling Psychology Review*, 24(3), 16-23.
- Padgett, D.K. (1998). "Does the glove really fit? Qualitative research and clinical social work practice," *Social Work*, 43(4), 373-381.
- Paul, G., Ulrike, T., Annette, R., & Ulrike, K. (2007). Mindfulness training as an intervention for fibromyalgia: Evidence of post intervention and 3-year follow-up benefits in well-being. *Psychotherapy & Psychosomatics*, 76(4), 226-233.

- Peel, J. M. (2004). The labyrinth: An innovative therapeutic tool for problem-solving or achieving mental focus. *Family Journal*, 12(3), 287–291. doi: 10.1177/10664807042M349
- Petingola, G. (2009, March). Relaxation therapy in the nephrology setting: Implications for practice. Presented at National Kidney Foundation Spring Clinical Meetings, Nashville TN
- Petingola, G. (2010, April). Fistulas, fluid restrictions, frustrations, and phobias unleashing relaxation therapy—Applications within the CKD trajectory. Symposia presented at National Kidney Foundation Spring Clinical Meetings, Orlando, FL.
- Petingola, G. (2011). Mindfulness and its Influence on the nephrology social worker. *The Journal of Nephrology Social Work*, (35), 32-40.
- Poulin, P.A., Mackenzie, C.S., Soloway, G., & Karayolas, E. (2008). Mindfulness training as an evidenced-based approach to reducing stress and promoting wellbeing among human services professionals. *International Journal of Health Promotion & Education* 46(2). 72-80.
- Pradhan, E. K., Baumgarten, M., Langenberg, P., Handwerger, B., Gilpin, A., Magyari, T., & ... Berman, B. M. (2007). Effect of mindfulness-based stress reduction in rheumatoid arthritis patients. *Arthritis & Rheumatism*, 57(7), 1134-1142. doi:10.1002/art.23010
- Pruitt, I. T., & McCollum, E. E. (2010). Voices of experienced meditators: The impact of meditation practice on intimate relationships. *Contemporary Family Therapy: An International Journal*, 32(2), 135-154. doi:10.1007/s10591-009-9112-8
- Quinn, R., Laupacis, A., Hux, J., & Moineddin, R. (2009). Forecasting the need for dialysis services in Ontario, Canada to 2011. *Healthcare Policy*, 4(4), e151-e161.
- Riskin, L. (2004). Mindfulness: Foundational training for dispute resolution. *Journal of Legal Education*, 54, 9–91. Available at SSRN: <http://ssrn.com/abstract=1465210>

Rock, E. (2006). Mindfulness meditation, the cultivation of awareness, mediator neutrality, and the possibility of justice. 6 *Cardozo J Conflict Resol*, 347-363.

Salzberg, S. (1997). *Loving-kindness: The Revolutionary Art of Happiness* (first ed.). United States: Shambhala Publications Inc.

Santorelli, S. (1999). *Heal Thy Self*. New York, NY: Three Rivers Press.

Savin-Baden, M. (2004). Achieving reflexivity: Moving researchers from analysis to interpretation in collaborative inquiry. *Journal of Social Work Practice*, 18(November), 365. doi: 10.1080/0265053042000314438

Schmidt, S. (2004). Mindfulness and healing intention: Concepts, practice, and research evaluation. *Journal of Alternative & Complementary Medicine*, 10, S-7; S-14. Retrieved from <http://search.ebscohost.com/login.aspx?direct=true&db=a9h&AN=14625245&site=ehost-live>

Schure, M. B., Christopher, J., & Christopher, S. (2008). Mind-body medicine and the art of self-care: Teaching mindfulness to counselling students through yoga, meditation, and qigong. *Journal of Counselling & Development*, 86(1), 47-56. Retrieved from <http://search.ebscohost.com/login.aspx?direct=true&db=a9h&AN=28512771&site=ehost-live>

Sedan, F., Martucci, K. T., Kraft, R. A., Gordon, N. S., McHaffie, J. G., & Coghill, R. C. (2011). Brain mechanisms supporting the modulation of pain by mindfulness meditation. *Journal of Neuroscience*, 31(14), 5540-5548. doi:10.1523/JNEUROSCI.5791-10.2011

Segal, Z., Bieling, P., Young, T., MacQueen, G., Cooke, R., Martin, L., . . . Levitan, R. (2010). Antidepressant monotherapy vs. sequential pharmacotherapy and mindfulness-based

cognitive therapy, or placebo, for relapse prophylaxis in recurrent depression. *Arch Gen Psychiatry*, 67(12), 2156. doi:10.1001/archgenpsychiatry.2010.168

Shapiro, S.L., Astin, J.A., Bishop, S.R., & Cordova, M. (2005). Mindfulness-based stress reduction for health care professionals: results from a randomized trial. *International Journal of Stress Management*, 12, 164-176. doi: 10.1037/1072-5245.12.2.164

Shapiro, S. L., Brown, K. W., & Biegel, G. M. (2007). Teaching self-care to caregivers: Effects of mindfulness-based stress reduction on the mental health of therapists in training. *Training and Education in Professional Psychology*, 1, 105-115.

Shennan, C., Payne, S., & Fenlon, D. (2011). What is the evidence for the use of mindfulness-based interventions in cancer care? A review. *Psycho-Oncology*, 20(7), 681-697. doi:10.1002/pon.1819

Smalley, S. L., Loo, S. K., Hale, T., Shrestha, A., McGough, J., Flook, L., & Reise, S. (2009). Mindfulness and attention deficit hyperactivity disorder. *Journal Of Clinical Psychology*, 65(10), 1087-1098.

Smetanka, S. L. (2006). Who will protect the "disruptive" dialysis patient? *American Journal of Law & Medicine*, 32(1), 53-91. Retrieved from <http://search.ebscohost.com/login.aspx?direct=true&db=a9h&AN=20726219&site=ehost-live>

Stephen, J., and Smith, L. (2003). *Circlework: A manual for relaxation and support group facilitators*. Vancouver (BC): BC Cancer Agency Care & Research.

Sumedho, A. *The four noble truths*. Retrieved 07/07, 2011, from <http://www.urbandharma.org/pdf/4nobltru.pdf>

Trochim, W. (2001). *The Research Methods Knowledge Base, 2nd Edition*. Atomic Dog Publishing, Cincinnati, OH.

Turk, D. C., Swanson, K. S., & Tunks, E. R. (2008). Psychological approaches in the treatment of chronic pain patients--When pills, scalpels, and needles are not enough. *Canadian Journal of Psychiatry*, 53(4), 213-223. Retrieved from EBSCOhost.

Turner, F.J. (1979) *Social Work Treatment, 2nd Edition*. Free Press, New York, NY.

Tutty, L., Rothery, M., and Grinnell, R., Jr. (1996). *Qualitative research for social workers: Phases, steps and tasks*. Boston: Allyn and Bacon.

Vøllestad, J., Sivertsen, B., & Nielsen, G. H. (2011). Mindfulness-based stress reduction for patients with anxiety disorders: Evaluation in a randomized controlled trial. *Behaviour Research & Therapy*, 49(4), 281-288. doi:10.1016/j.brat.2011.01.007

Weinberg, R.S., & Gould, D. (2007). *Foundations of Sport and Exercise Psychology*. USA: Human Kinetics.

Westbrook, C., Creswell, J.D., Tabibnia, G., Julson, E., Kober, H., & Tindle, H.A. (2011). Mindful attention reduces neural and self-reported cue-induced craving in smokers. *Soc Cogn Affect Neurosci*, doi: 10.1093/scan/nsr076

Wisniewski, C. (2008). Applying complementary and alternative medicine practices in a social work context: A focus on mindfulness mediation. *P R A X I S*, 8, 18-22.

Wong, Y. R. (2004). Knowing through discomfort: mindfulness-base critical social work pedagogy. *Critical Social Work*, 5, 2-10.

Zangi H, et al (2011). A mindfulness-based group intervention to reduce psychological distress and fatigue in patients with inflammatory rheumatid joint diseases: a randomized controlled trial. *Ann Rheum Dis*, DOI: 10.1136/annrheumdis-2011-200351

APPENDIX A



Laurentian University
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CONSENT FORM

Study Title: Exploring a Relaxation Therapy and Mindfulness Meditation One-Day

Workshop for Nephrology Social Workers: Does This Intervention Influence Professional Practice?

Investigator: Gary Petingola, M. S.W. Student

Supervisors: Drs. Diana Coholic & Leigh MacEwan, School of Social Work.

My name is Gary Petingola and I am a Graduate Student in the School of Social Work at Laurentian University. I am exploring if a one-day educational workshop on relaxation therapy and mindfulness meditation has any impact on future professional practice. The study may be helpful to you by providing an opportunity to develop further knowledge about relaxation therapy and mindfulness meditation. It is also hoped that this study will contribute to incorporating mindfulness meditation and relaxation therapy as an integral part of the overall treatment plan for all persons affected by Chronic Kidney Disease.

Consent:

Your participation in this study is strictly voluntary. Your role in this study is to discuss your experiences of the one-day workshop and how it impacted your professional practice if at all. If you choose to participate in this study you will:

- participate in a one-hour individual interview at the end of October, 2011,
- a half-hour interview at the end of November, 2011,
- and a half-hour interview at the end of December, 2011.

These three interviews will utilize Skype technology. Skype is a free computer application which allows users to make audio and video calls and chat over the Internet. As with any internet usage Skype poses some security risks (privacy and hacking) that you may wish to familiarize yourself with. I will assist you in setting up Skype if you require this assistance. If you prefer, we can arrange a telephone conversation. Each interview will be audio-recorded.

The recorded interviews will be stored in an encrypted laptop computer that is password protected. I will keep all the audiotapes, any handwritten notes, and any other data from the interviews in a locked cabinet in the Laurentian University office of my supervisor, Dr. Diana Coholic, for a period of five years after the study is completed. At the end of five years, all written data will be destroyed by shredding and the audiotapes will be destroyed. I will delete any electronic data reformat my hard-drive once the study is completed.

You have the right to withdraw from the study at any time, without penalty, and the fact of your withdrawal will not be conveyed to anyone else. You may find it stressful to recall some aspects of your experiences and you can refuse to answer any questions and/or ask to take a break. I can also arrange for resources if you need them.

Neither the Canadian Association of Nephrology Social Workers nor your employer has the right to access any of the study data. Your identity will not be revealed at any time and no opinions

will be attributed to you. When the study is completed, I will prepare a summary of the research findings and send it to you. I will also invite you to participate in a free webinar (Web-based a presentation that is transmitted over the Web) hosted by the Canadian Association of Nephrology Social Workers, to discuss the study results. As the results of this study may be helpful to other nephrology social workers, I would also like to present the research findings at academic, community or nephrology conferences, and I may also want to publish the results in academic journals. Information will never be shared in such a way that you could be identified.

This consent allows me to use the information given by you in the individual interviews for the purpose of this study. If you have any questions about this research, I can be contacted by phone at: (705)-522-2200 ext. 3148 or toll free at 1-866-469-0822 ext. 3148 or by e-mail at gpetingola@hrsrl.on.ca. You may also contact my research supervisors, Dr. Diana Coholic at (705) 675-1151, ext. 5053, dcoholic@laurentian.ca, or Dr Leigh MacEwan at (705) 675-1151, ext 5059, lmacewan@laurentian.ca. If you have any questions about the ethics of this research study, you may also contact Dr. Jean Dragon in the Research Office at Laurentian University at (705) 675-1151, ext. 3213 or at jdragon@laurentian.ca.

I agree to participate in this study, and I have received a copy of this Consent Form.

Participant's Signature

Date

Researcher's Signature

Date

☐ I would like a copy of the summary of research findings.

Name:

Address:



Laurentian University
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Description of Service:

- ☐ Outpatient
- ☐ Inpatient
- ☐ Both inpatient and outpatient

Area of expertise/special interest:

- ☐ Pre-Renal Insufficient
- ☐ In Centre Hemodialysis
- ☐ Hemodialysis satellite patients
- ☐ Home Treatment Options
- ☐ Transplant
- ☐ Post Transplant
- ☐ Chronic Disease Management Program

Employment Status

- ☐ Student

Sometimes manual focus (mf).

C = Crop

ENTER = Takes image

T = GENERATES TEST image

* take just left image -
 - replace image.
 or + on other key pad

☐ Full time

☐ Part time

Educational Training:

☐ MSW

☐ BSW

☐ Other

Years in Nephrology

Caseload Demands:

☐ Under 100 patients

☐ 100 to 200 patients

☐ 200 to 300 patients

☐ over

300 patients

Geographic Area Served:

Personal Information:

Age

Relationship Status: ☐ Single

☐ Partnered

Previous exposure to mindfulness meditation and relaxation therapy (please describe):



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_____ 2011

Dear Diana, Shirley, Angie, Jennifer and Julie:

As part of my M.S.W. studies at Laurentian University, I am proposing a qualitative research study to explore the value of a one-day educational workshop on relaxation therapy and mindfulness meditation for nephrology social workers to determine if it has an impact on future professional practice. This study will provide more knowledge to the Nephrology community regarding relaxation therapy and mindfulness mediation and it may also contribute to mindfulness meditation and relaxation therapy as an integral part of the overall treatment plan for all persons affected by Chronic Kidney Disease. The Laurentian University Research Ethics Board has approved this study.

As you are aware I have been invited by the Canadian Association of Nephrology Social Workers (CANSW) to provide a one-day workshop to introduce relaxation therapy and mindfulness meditation skills at the upcoming annual conference on October 1, 2011, in Halifax, Nova Scotia. The full-day workshop entitled "A Citadel in Turbulent Times: Relaxation Methods that Foster Resilience in Nephrology Social Work Practice" will examine relaxation interventions used in psychosocial nephrology practice. Following the workshop on October 1, 2011, I am hoping to recruit between five and ten participants, depending on interest, to participate in a one-

hour individual interview at the end of October, 2011, a half-hour interview at the end of November, 2011, and a half-hour interview at the end of December, 2011. Recruitment will take place with a short discussion after the one-day workshop and I am asking your permission to post a Letter of Introduction on the Canadian Association of Nephrology Social Work's website and list server in advance of the workshop. The interviews will utilize either Skype technology or a telephone call.

When the study has been completed, I will prepare a summary of the research findings for those who participate. Research participants will also be invited to participate in a free webinar (Web-based a presentation that is transmitted over the Web) hosted by the Canadian Association of Nephrology Social Workers to discuss the study results. As the results of this study may be helpful to other nephrology social workers, I would also like to present the research findings at academic, community or nephrology conferences, and I may also want to publish the results in academic journals.

If you have any questions or require additional clarification, you may contact me directly. In the meantime I truly hope that you will approve this request.

Sincerely,

Gary Petingola, M.S.W. Student

School of Social Work, Laurentian University



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My name is Gary Petingola and I am a Graduate Student in the School of Social Work at Laurentian University. My research relates to the upcoming one-day workshop on relaxation therapy and mindfulness meditation that will be held at the annual clinical meeting in Halifax, Nova Scotia, on October 1, 2011.

I am interested to know if this workshop will have an impact on attendees' future professional practice. Although relaxation and mindfulness training is often held in one-day workshops, we know little about how these workshops affect people's future practices, if at all. This letter is an invitation to consider being part of my research.

If you decide to participate in this study, I would ask that you take part in three individual interviews – one at the end of October, 2011, that will last for 1 hour; one at the end of November, 2011 that will last for a ½ hour; and one at the end of December, 2011, that will last for ½ hour. The interviews will be conducted using Skype which is a free computer application

that allows users to make audio and video calls and chat over the Internet; or, if you prefer, I can telephone you at your choice of date/time/location.

When the study is complete, I will prepare a summary of the research findings and send it to you. I will also facilitate a free webinar (Web-based a presentation that is transmitted over the Web) hosted by the Canadian Association of Nephrology Social Workers, to discuss the study results.

If you decide to participate, your confidentiality and anonymity will be protected at all times. I will not reveal who participates in this study nor what they have said during the interviews. I will not use your name at any time and, when I share information about the research, I will do so in such a way that you could never be identified.

If you would like to know more about the study or if you are interesting in participating in this study, please contact me at 705-522-2200 ext. 3148 or toll free at 1-866-469-0822 ext. 3148.

I look forward to working together with you on this project!

Sincerely,

Gary Petingola, M.S.W. Student

School of Social Work, Laurentian University

APPENDIX E



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SEMI

Why did you decide to attend the workshop?

Do you anticipate that relaxation therapy and mindfulness meditation will influence your practice? Or, has learning about relaxation and mindfulness affected how you practice? If so, in what ways?

Do you plan to make changes (or have you made changes) in your practice based on the information that you learned in this workshop?

Has participation in the workshop altered your confidence in using these skills with patients, family or staff and if so can you share your experiences with this?

Tell me if attending this one-day workshop on relaxation therapy and mindfulness meditation for nephrology social workers has created some challenges in your practice?

What is the biggest obstacle to you implementing changes to your professional practice?

Can you describe if any secondary benefits were derived from attending the workshop?



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APPROVAL FOR CONDUCTING RESEARCH INVOLVING HUMAN SUBJECTS
Research Ethics Board - Laurentian University

This letter confirms that the research project identified below has successfully passed the ethics review by the Laurentian University Research Ethics Board (REB). Your ethics approval date, other milestone dates, and any special conditions for your project are indicated below.

TYPE OF APPROVAL	New	X	Modifications to project	Time extension
Name of Principal Investigator and school/department	Gary Petingola (Social Work - LU); Dr. Diana Coholic and Dr. Leigh MacEwan (supervisors)			
Title of Project	<i>Exploring a Relaxation Therapy and Mindfulness Meditation One-Day Workshop for Nephrology Social Workers: Does This Intervention Influence Professional Practice?</i>			
REB file number	2011-06-07			
Date of original approval of project	July 12 2011			
Date of approval of project modifications or extension (if applicable)				
Final/Interim report due on	July 12 2012			
Conditions placed on project	Final or Interim report on July 12 2012			

During the course of your research, no deviations or changes to the protocol, recruitment or consent forms may be initiated without prior written approval from the REB. If you wish to modify your research project, please complete the appropriate REB form.

All projects must submit a report to REB at least once per year. If involvement with human participants continues for longer than one year (e.g. you have not completed the objectives of the study and have not yet terminated contact with the participants, except for feedback of final results to participants), you must request an extension using the appropriate REB FORM.

In all cases, please ensure that your research complies with the Tri-Council Policy Statement (TCPS). Also please quote your REB file number on all future correspondence with the REB office.

Congratulations, and best of luck in conducting your research.

Jean Duggan Ph.D. (Ethics officer LU) for Susan James Ph.D.
Acting Chair of the Laurentian University Research Ethics Board
Laurentian University